

1. PLACE OF BIRTH  
County of Bannock  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 92019

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mena

3. Sex	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>01/05</u> , 19 <u>35</u> (Month, Day, Year)
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9. Full name <u>Mena</u>	FATHER	18. Full maiden name <u>Gutierrez</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____
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11. Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
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13. Birthplace (city or place) (State or Country) _____	22. Birthplace (city or place) (State or Country) _____
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19 _____		17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed \_\_\_\_\_, 193 \_\_\_\_\_

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each  
and the number of each, in order of birth stated.

613-110006-385

PLACE OF BIRTH

STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

County of Bingham

JUL 13 1924

City of Blackfoot

BUREAU OF VITAL

Registration District No. 121

File No.

No. 14 So. First St.

Primary Registration District No. 1007

Registered No. 226

Hospital

FULL NAME OF CHILD

Lucas E. Watson

Sex of Child

Male

Twin  
Triplet  
or other?

and

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti  
mate?

Yes

Date of  
Birth

May 10

1924

FULL  
NAME

Lucas E. Watson

FATHER

RESIDENCE

Blackfoot, Idaho

COLOR

Indian

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Idaho

OCCUPATION

Farmer

FULL  
MAIDEN  
NAME

Mrs. Thump

MOTHER

RESIDENCE

Blackfoot

COLOR

Indian

AGE AT LAST  
BIRTHDAY

24  
(Years)

BIRTHPLACE

Blackfoot

OCCUPATION

Housewife

Number of child of this mother, including present birth/ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was still born, at 5: P. M.  
on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or  
midwife then the father, householder, etc.,  
should make this return. A stillborn child is  
one that neither breathes nor shows other evi-  
dence of life after birth.

(Signature)

F. W. Mitchell, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address

Blackfoot, Idaho

Filed

July 8 1924 Mrs. Malis E. Fabris  
Registrar





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1935

## PLACE OF DEATH

County of Franklin  
City of Preston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. S 92181

Local Registrar's No. 2

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Ames

(a) Residence. No. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
Jan 13, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) .....  
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... Preston Idaho  
(State or country)

13. NAME Owen Ames

14. BIRTHPLACE (city or town)..... Cleveland Idaho  
(State or country)

15. MAIDEN NAME Drusilla Hillman

16. BIRTHPLACE (city or town)..... Swan Lake Idaho  
(State or country)

17. INFORMANT Owen Ames  
(Address) Oxford Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place..... Cleveland Idaho Date..... Jan 13, 1935

19. UNDERTAKER None  
(Address)

20. FILED Feb. 4, 1935 G. W. Stiles  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/13 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1935 to Jan 13, 1935.

I last saw Stillborn alive on Jan 13, 1935.

death is said to have occurred on the date stated above, at unknown.

The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum Jan 13, 1935

Date of onset

Other contributory causes of importance:

Name of operation..... clinical Date of.....

What test confirmed diagnosis?..... Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. W. L. Stiles M. D.

(Address) Preston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JAN 11 1935

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BornemilleCity of Idaho Falls

## CERTIFICATE OF DEATH

State File No. S 92503Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still Birth(a) Residence. No. Rt #3 Idaho Falls Idaho

(Usual place of abode)

(If nonresident give city and town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day and year) Jan 29 1935

7. AGE

Years

Months

Days

If LESS than

day hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Ida  
(State or country)13. NAME Parley Field14. BIRTHPLACE (city or town) Rt #3 Idaho Falls  
(State or country)15. MAIDEN NAME Southwick16. BIRTHPLACE (city or town) Idaho Falls, Idaho  
(State or country)17. INFORMANT Falkner  
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place 2133 1/2 Date 1/30, 193519. UNDERTAKER Wahm  
(Address)20. FILED 2/4, 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/29 193522. I HEREBY CERTIFY, That I attended deceased from Jan 29 1935 to Jan 29 1935.  
last saw him alive on Jan 29 1935; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Influenza in uterus of Foster's Mother Jan 20

Other contributory causes of importance:

Foster's 4 monthsName of operation clinical Date of 20  
test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? Date of injury, 193.  
Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. D. D. D. M. D.  
(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NOB  
38

RECEIVED APR 12 1935

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

S 92946

County of PomeroyCity of Idaho FallsRegistration District No. 73Primary Registration District No. 21-0Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edwin Leane Allen(a) Residence. No. R.R. 7 St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None6. DATE OF BIRTH (month, day and year) March 8 19357. AGE Years Months Days If LESS than 1 day, .. hrs. or .. min. ✓ ✓ -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho13. NAME Edwin Allen14. BIRTHPLACE (city or town) Higgins (State or country) Texas15. MAIDEN NAME Pauline Leane16. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho17. INFORMANT (Address) Edwin Allen Idaho Falls18. BURIAL, CREMATION OR REMOVAL Place. Idaho Falls 193519. UNDERTAKER (Address) V. J. McFar Idaho Falls20. FILER (Address) Idaho Falls 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-8 193522. I HEREBY CERTIFY That I attended deceased from Stillborn 193...I last saw deceased on .., 193...; death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Stillborn(never touched)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?.... Date of injury... 1935.

Where did injury occur?.... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation if deceased..... If so, specify.....

(Signed) Edwin Allen M. D.(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1015  
74

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE S 92968 State File No.	
County of <u>Canyon</u>		CERTIFICATE OF DEATH		Registration District No. <u>1007</u>	
City of <u>Parma</u>		Primary Registration District No. <u>3</u>		Local Registrar's No. <u>51</u>	
<p>(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)</p>					
2. FULL NAME <u>Baby Rippey</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Apr 3-1935</u>					
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. <u>Steelborn</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Baldwell Idaho</u>					
13. NAME <u>Roscoe Rippey</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Autom Toston</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Blackman Idaho</u>					
17. INFORMANT <u>Roscoe Rippey</u> (Address) <u>Parma Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Parma, Ida.</u> Date <u>4-3-35</u> 1935					
19. UNDERTAKER <u>Carl P. Case</u> (Address) <u>Baldwell Idaho</u>					
20. FILED <u>4-5</u> , 1935 <u>Edith J. Currier</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4-3-1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 3</u> , 1935, to <u>Mar 3</u> , 1935. I last saw him alive on <u>Mar 3</u> , 1935. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Mal development</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury, 1935. Where did injury occur? (Specify city or town, county, and state) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____					
(Signed) <u>J. M. Currier</u> , M. D. (Address) _____					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1103  
58

B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 14 1935

## PLACE OF DEATH

County of Jersey  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

**S** 93899  
State File No. 206

2. FULL NAME Baby Fredrickson(a) Residence. No. 1510 - 11th Ave

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 11 - 1935

7. AGE Years 8 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME Fritz Fredrickson

14. BIRTHPLACE (city or town) Norway (State or country)

15. MAIDEN NAME Elsie Mortensen

16. BIRTHPLACE (city or town) Norway (State or country)

17. INFORMANT Fritz Fredrickson (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Idaho Date 5/12, 1935

19. UNDERTAKER Proctor - a Day & Co (Address) Lewiston Idaho

20. FILED June 11, 1935 2 M. Rife Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to ..... 193....  
I last saw him alive on ..... 193....; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5/11/35

Other contributory causes of importance:

Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? .... Date of injury ... 193....

Where did injury occur? ....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signed) P. Blacksteyn M. D.(Address) Lewiston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SEP 11 1935 RECEIVED

PLACE OF DEATH

County of Cassia  
City of Recla

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

**S** 94961

State File No. ....

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 79

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Clark

(a) Residence. No. Recla Idaho St. ....

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still Born

6. DATE OF BIRTH (month, day, and year) Aug 5 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. Still Born

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Still Born 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Recla Idaho (State or country)

13. NAME De Von M. Clark

14. BIRTHPLACE (city or town) Casper Idaho (State or country)

15. MAIDEN NAME Afton Steven

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMANT De Von M. Clark (Address) Recla Idaho

18. BURIAL, CREMATION OR REMOVAL Place Recla Idaho Date 8/7/1935

19. UNDERTAKER E. J. Johnson (Address) Recla Idaho

20. FILED 8/7/1935 Laura J. Spracher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5/1935

22. I HEREBY CERTIFY That I attended deceased from Aug 5, 1935, to Aug 5, 1935.

I last saw him on Aug 5, 1935; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Name of operation None Date of Aug 5

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury, 1935.

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury. ....

Nature of injury. ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: No

(Signed) H. J. Johnson M. D.

(Address) Recla Idaho

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Jenson(a) Residence. No. Route # 1. Boise, Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15. 1935

7. AGE Years Months Days If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.  
Still Born

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

MOTHER FATHER 13. NAME Henry S. Jenson  
14. BIRTHPLACE (city or town) Sweden  
(State or country)  
15. MAIDEN NAME Wanda Gale  
16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT Henry S. Jenson  
(Address) Route # 1. Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 9/16, 1935

19. UNDERTAKER Summers Funeral Home  
(Address) Boise Idaho

20. FILED 9-16, 1935 R. Sharp  
Registrar.

DO NOT WRITE IN THIS SPACE

\$ 95199

State File No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
Birth, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_: death is said

to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset  
9-15-35

Other contributory causes of importance:

Respirations never established—probable atelectasis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. aut. findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) L. J. West M. D.(Address) Boise Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1925

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
County of Ada  
City of Boise.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE  
S 96405  
State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 1004

(No. St Luke's Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janice Ann Stevenson.

(a) Residence. No. 2300, Leadville Street.

(Usual place of abode)

St. \_\_\_\_\_

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
December, 14, 1935.

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.  
(State or country)

13. NAME Kenneth Stevenson.

14. BIRTHPLACE (city or town) Rupert, Idaho.  
(State or country)

15. MAIDEN NAME Ann Judd.

16. BIRTHPLACE (city or town) Oklahoma.  
(State or country)

17. INFORMANT Kenneth Stevenson.  
(Address) 2300, Leadville Street.

18. BURIAL, CREMATION OR REMOVAL  
Monnis Hill Cemetery, Dec. 15, 1935.

19. UNDERTAKER Summers Funeral Home.  
(Address) Boise, Idaho.

20. FILED 12-16-35 R. Sharp  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury. \_\_\_\_\_

Nature of injury. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) R. Sharp, M. D.

(Address) Boise



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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NOB  
33

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

County of Twin Falls **CERTIFICATE OF DEATH**  
City of Twin Falls

State File No. 9677

**JAN 11 1936** REC

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 262

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Mullins

(a) Residence. No. ....  
(Usual place of abode)

St. ....  
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. ....

mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Still

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho  
(State or country)

13. NAME M M Mullins

14. BIRTHPLACE (city or town) Okla  
(State or country)

15. MAIDEN NAME Alta Boyd

16. BIRTHPLACE (city or town) Okla  
(State or country)

17. INFORMANT M M Mullins  
(Address) Twin Falls

18. BURIAL, CREMATION OR REMOVAL

Place Funer Date Dec 11 1935

19. UNDERTAKER Fred E. Smith  
(Address) Twin Falls

20. FILED 12-1-36, 1935 J. J. Humphrey  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Nov. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1935 to Dec 11 1935

I last saw deceased 193... death is said to have occurred on the date stated above, at 10:30 pm.  
The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Toxemia of pregnancy

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, if so, specify.....

(Signed) Walter B. Fausch, M. D.  
(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NO  
BC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Minnesota  
City of Rupert

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 19  
Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE  
State File No. S 97578

Local Registrar's No. 12

MAR 7 1936 RECEIVED

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn of Glen S. Beebe

(a) Residence. No. .... St. ....  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX F  
4. Color or Race White  
5. Single, Married, Widowed or Divorced (write the word) Child  
6. DATE OF BIRTH (month, day, and year)  
7. AGE Years Months Days If LESS than 1 day hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rupert Idaho

13. NAME Glen S. Beebe

14. BIRTHPLACE (city or town) (State or country) Cheyenne Wyoming

15. MAIDEN NAME Fanny Mabel Tuttle

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Glen S. Beebe

18. BURIAL, CREMATION OR REMOVAL Place Rupert Date Nov 27, 1935

19. UNDERTAKER (Address) Goodman & Sons

20. FILED 3-3, 1936 Rupert Idaho Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 23 (month, day and year) 1935

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1935

I last saw him alive on \_\_\_\_\_, 1935: death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Placenta Previa

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury. \_\_\_\_\_

Nature of injury. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) E. H. Moore M. D.

(Address) Rupert Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada  
City of Mendenhall  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 11

State File No. 228566

Prim. Registration District No. 2023

Local Registrar's No. 6

2. FULL NAME OF CHILD (unnamed)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

228566

3. Sex M 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature ✓ 7. Legitimate? ✓ 8. Date of birth Jan 29, 1935  
(Month, Day, Year)

9. Full name Father Cross  
10. Residence (usual place of abode) Mendenhall  
(If non-resident, give place and State) Idaho  
11. Color or race W 12. Age at last birthday 41 (years)  
13. Birthplace (city or place) Mendenhall  
(State or country) Idaho

18. Full maiden name Mother Cora Martena  
19. Residence (usual place of abode) Mendenhall  
(If non-resident, give place and State) Idaho  
20. Color or race W 21. Age at last birthday 37 (years)  
22. Birthplace (city or place) Adgen Utah  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm  
16. Date (month and year) last engaged in this work Jan 28, 1935

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home  
25. Date (month and year) last engaged in this work Jan 28, 1935

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none  
28. Number of children of this mother (At time of this birth and including this child) 6  
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 7 mo. months or weeks 30. Cause of stillbirth unknown  
Before labor ✓  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at home on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Jewell, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

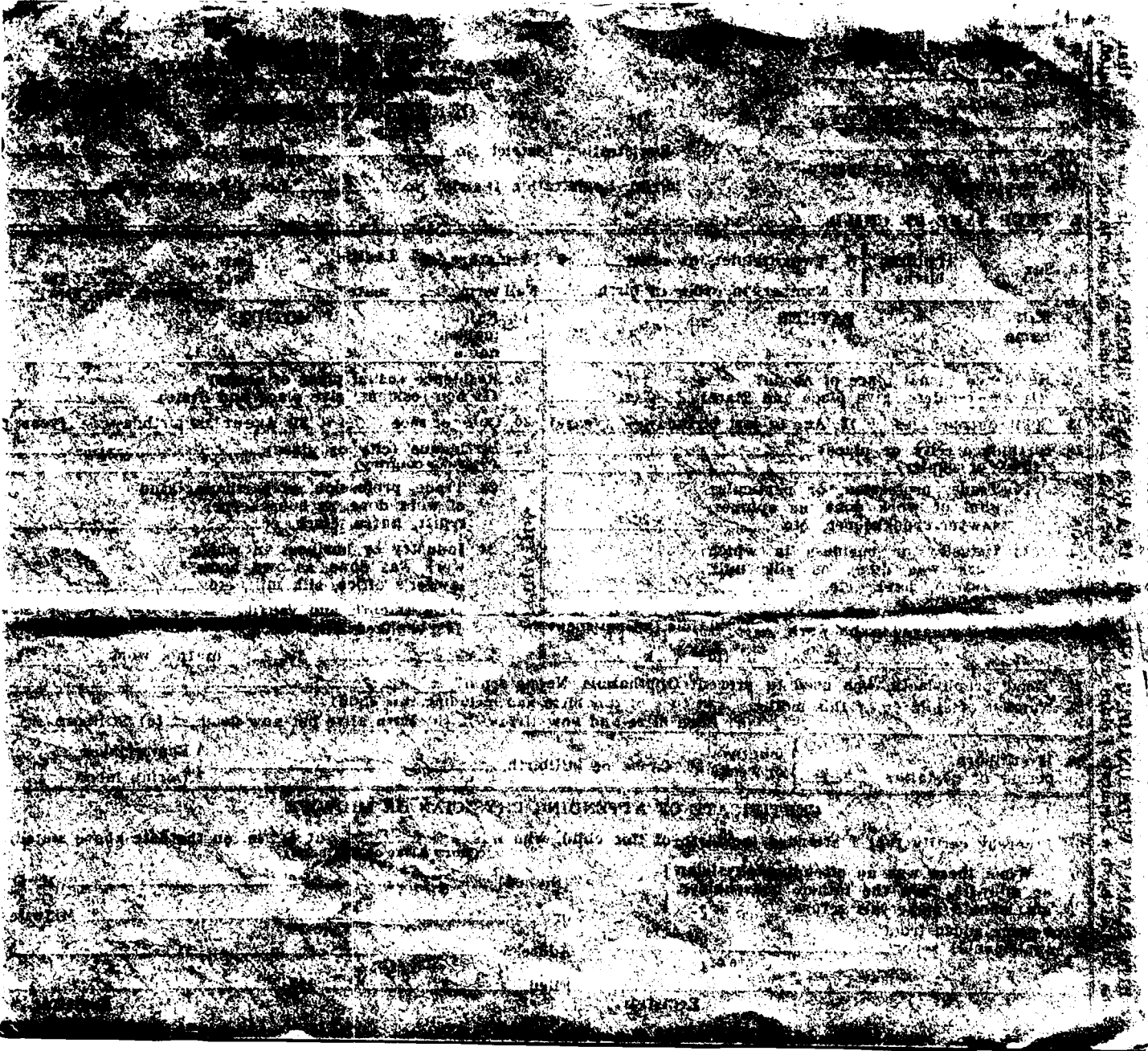
(Date of)

Address Mendenhall Idaho

Filed Jan 31, 1935 J. H. Jewell

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 228700  
CERTIFICATE OF BIRTH S

1. PLACE OF BIRTH  
County of Bannock  
City of Arvin  
No. 66-5245023-566  
(If born in hospital or institution give name.)  
Registration District No. 63 State File No. S  
Prim. Registration District No. 2100 Local Registrar's No. 2

2. FULL NAME OF CHILD

Baby Minnet Hoops

3. Sex <u>girl</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth <u>Feb 2, 1935</u> (Month, Day, Year)
9. Full name	FATHER			MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State)	11. Color or race			12. Age at last birthday (years)		
13. Birthplace (city or place) (State or country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work			18. Full maiden name <u>Eva Minnet Hoops</u>		
19. Residence (usual place of abode) (If non-resident, give place and State)	20. Color or race			21. Age at last birthday (years)		
22. Birthplace (city or place) (State or country)	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc		
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work			27. What prophylactic was used to prevent Ophthalmia Neonatorum?		

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 9 months 30. Cause of stillbirth Stillborn  
Before labor  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who Stillborn at 9 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Mrs. A. L. Anderson, M. D.

or Dooney, Idaho Midwife

Address Dooney, Idaho

Filed Feb - 8, 1935 Mary C. Coffey

Registrar





FORM V. 3, No. 5-26 (1-19)

RECEIVED 1935

## CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

## 1. PLACE OF DEATH

Registration District No. 83County of BannockPrimary Registration District No. 2160City of Arimo, Ida.

(No. \_\_\_\_\_ St.)

If death occurs away from usual residence, give facts called for under special information.

## 2. FULL NAME

No Name (Polyminis Hoops)File No. 92028

Registered No. \_\_\_\_\_

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

## 6. DATE OF BIRTH

Feb - 2 - 1935  
(Month) (Day) (Year)

## 7. AGE

Yrs. Mos. ds.IF LESS than 1 day  
how many \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?

## 8. OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

## 9. BIRTHPLACE

(State or Country)

Armo, Idaho.

## 10. NAME OF FATHER

not given

## 11. BIRTHPLACE OF FATHER

(State or Country)

## 12. MAIDEN NAME OF MOTHER

Eva Mines (Hoops)

## 13. BIRTHPLACE OF MOTHER

(State or Country)

California

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eva Mines (Hoops)

(Address)

## 15.

Filed Feb - 8 - 1935 Mary C. Coffin  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

Feb - 2 - 1935  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 2 to 19  
I was not in attendance.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date stated above, at 7:45 M.

The CAUSE OF DEATH\* was as follows:

asphyxia (Breath birth head not born soon enough)

(Duration) \_\_\_\_\_ Yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed)

J. J. Harrison

M. D.

2-5-1935(Address) Armo, Idaho.

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

Where was disease contracted if not at place of death?

Former or usual residence

## 19. PLACE OF BURIAL OR REMOVAL

## DATE OF BURIAL

19

## 20. UNDERTAKER

## ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

PLACE OF BIRTH

STATE OF IDAHO

County of Blaine

DEPARTMENT OF PUBLIC WELFARE

City of Blackfoot

BUREAU OF VITAL STATISTICS

No. 265-215006295St. 295

CERTIFICATE OF BIRTH

228739

S

Registration District No. 121State File No. 22

(If born in hospital or institution give name.)

Prim. Registration District No. 007Local Registrar's No. 22FULL NAME OF CHILD Still Born "Kalling"

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child FTwin  
Triplet  
or other?{ and {  
Number  
in order  
of birthLegiti-  
mate? YesDate of  
birth 1 15 1935

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? noneNumber of child of this mother, including present birth 5(a) Born alive and now living 0Born alive but now dead 0Stillborn 5FULL  
NAME

FATHER

Lidney M KallingFULL  
MAIDEN  
NAME

MOTHER

Leah KingfordResidence (Usual place of abode) Blackfoot, IdahoResidence (Usual place of abode) Blackfoot, Idaho

If non-resident, give place and State

If non-resident, give place and State

Color or race CaucasianAge at last Birthday 34

(Years)

Color or race CaucasianAge at last Birthday 30

(Years)

Birthplace Bellevue, Ill.

(City and State or County)

Birthplace Blackfoot, Idaho

(City and State or County)

Occupation ClerkOccupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 11 10 P. M. on the date above stated.(Signature) E. E. Miller MD(Physician or Midwife)Address Blackfoot, IdahoFiled Feb 3 1935

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

\_\_\_\_\_

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 92059	
<b>PLACE OF DEATH</b> County of <u>Bingham</u> City of <u>Blackfoot</u>		State File No. ....	
<b>CERTIFICATE OF DEATH</b> Registration District No. <u>121</u> Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>13</u>	
(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Still Born Koelling</u>			
(a) Residence. No. <u>Blackfoot</u> <u>Idaho</u>			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3. SEX <u>F</u>	4. COLOR OR RACE <u>Cauc</u>	5. Single, Married, Widowed, on Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>1-15-35</u>			
7. AGE	Years	Months	Days
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>			
FATHER			
13. NAME <u>Ldney M. Koelling</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>			
MOTHER			
15. MAIDEN NAME <u>Reek Kingsford</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>			
17. INFORMANT <u>Ldney M. Koelling</u> (Address) <u>Blackfoot, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>167 N. 1st</u> Date <u>Jan. 16 1935</u>			
19. UNDERTAKER <u>Ldney M. Koelling</u> (Address) <u>Blackfoot, Idaho</u>			
20. FILED <u>Jan. 16 1935</u> <u>Mrs. Helen E. Miller</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b> 21. DATE OF DEATH (month, day, and year) <u>1-15-1935</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>at birth</u> , 1935, to <u>at birth</u> , 1935. I last saw him on <u>1-15-1935</u> ; death is said to have occurred on the date stated above, at <u>?</u> m. The principal cause of death and related causes of importance were as follows: <u>Still Birth</u> <u>Detached Placenta prior to birth.</u> Other contributory causes of importance:			
Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? ..... 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 1935 Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. .... Manner of injury ..... Nature of injury ..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify ..... (Signed) <u>A. E. Miller</u> M. D. (Address) <u>Blackfoot Idaho</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

559-106  
006-513  
**RECEIVED FEB 7-1935**

**S**  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** **228747**

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot, Route 3.  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 2194 Local Registrar's No. 4

2. FULL NAME OF CHILD Stillborn, unnamed Hernandez.

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature <u>Yes</u> Legiti- Full term <u>No</u> mate? <u>Yes</u>	8. Date of birth <u>Jan. 6, 1935</u> (Month, Day, Year)	
9. Full name <u>FATHER</u> <u>Ramon Hernandez</u>	18. Full maiden name <u>MOTHER</u> <u>Nichmacan Elvira Valade</u>			
10. Residence (usual place of abode) <u>Blackfoot, R. 3</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Blackfoot, 3</u> (If non-resident, give place and State)			
11. Color or race <u>Mex.</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>Mex.</u>	21. Age at last birthday <u>30</u> (years)	
13. Birthplace (city or place) <u>Mexico</u> (State or country)	22. Birthplace (city or place) <u>Mexico</u> (State or country)			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc <u>Common Laborer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc <u>Laborer</u> 16. Date (month and year) last engaged in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work			
	17. Total time (years) spent in this work	19.....	26. Total time (years) spent in this work	19.....
	27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>— — —</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>6 mo.</u> } months or weeks		30. Cause of stillbirth <u>Mother injured falling on ice.</u> Before labor _____ During labor _____		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born dead at 7:15 A.M. on the date above stated.  
(Born Alive or Stillborn)  
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report. \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar. \_\_\_\_\_  
(Signed) M. E. Patrick, M. D.  
or \_\_\_\_\_, Midwife  
Address Blackfoot, Idaho.  
Filed Feb 9 1935 193 Mr. Walter E. Patrick  
Registrar.



REPORT OF THE

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MARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 7-1935

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bingham

City of Blackfoot, R. 3

CERTIFICATE OF DEATH

State File No. 92054

Registration District No. 121

Primary Registration District No. 2194

Local Registrar's No. 8

(No. Blackfoot, Idaho, R.F.D. No. 3.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn. Unnamed Hernandez.

(a) Residence. No. Blackfoot, Idaho, Route 3 St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Mexican 5. Single, Married, Widowed or Divorced (write the word) - - - -

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 6, 1935

7. AGE Years Months Days If LESS than 1 day, .. hrs. or .. 0. min.  
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) - - - - 11. Total time (years) spent in this occupation - - - -

12. BIRTHPLACE (city or town). Blackfoot, Idaho 3. (State or country)

13. NAME Ramon Hernandez

14. BIRTHPLACE (city or town). Mexico (State or country)

15. MAIDEN NAME Michnacan Elvira Valade

16. BIRTHPLACE (city or town). Mexico (State or country)

17. INFORMANT Ramon Hernandez. (Address) Blackfoot, Idaho 3.

18. BURIAL, CREMATION OR REMOVAL Place. Blackfoot, Idaho Date. Jan. 6, 1935

19. UNDERTAKER Ramon Hernandez (Address) Blackfoot, Idaho

20. FILED Jan 6, 1935 Mrs. Helen E. Stature Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1935 to Jan. 6, 1935.

I last saw him ~~in~~ dead Jan 6 1935; death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature 6 mo. in utero.

Protrusion of cord.

Other contributory causes of importance:

Mother suffered head fall on steel.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 1935.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify W. E. Stature

(Signed) W. E. Stature, M. D.

(Address) Blackfoot, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION:**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. RECEIVED FEB 7-1935  
County of Bonner  
City of Sandpoint, Idaho  
No. Rural St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
228807

Registration District No. 78 State File No. 185  
Prim. Registration District No. 2155 Local Registrar's No. 185

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other..... 6. Premature..... 7. Legiti- 8. Date of birth Jan. 26 1935  
5. Number, in order of birth..... Full term Yes mate? Yes (month, day, year)

9. Full name FATHER James Allan Morris 18. Full maiden name MOTHER Ruth Schoonover

10. Residence (usual place of abode) P. O. box 523 Sandpoint 19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint

11. Color or race W. 12. Age at last birthday 36 (years) 20. Color or race W. 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Gering, Neb. 22. Birthplace (city or place) Topeka, Kansas  
(State or country) (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work <u>Aug. 19 34</u>	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks { 30. Cause of stillbirth Mal development { Before labor YES  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 5:45 P. M. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) W. H. Penelle, M. D.

Give name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_, Midwife

(Date of) \_\_\_\_\_ Address Sandpoint, Idaho  
Filed Feb 4, 1935 Viola Allen Registrar.

1. The first part of the report is a general statement of the situation in the country. It is a very brief and concise statement, but it is very important. It is the first impression that the reader gets of the country and its people. It is the first step in the process of understanding the country and its people. It is the first step in the process of understanding the country and its people.

2. The second part of the report is a description of the physical features of the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the second step in the process of understanding the country and its people. It is the second step in the process of understanding the country and its people.

3. The third part of the report is a description of the political situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the third step in the process of understanding the country and its people. It is the third step in the process of understanding the country and its people.

4. The fourth part of the report is a description of the economic situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the fourth step in the process of understanding the country and its people. It is the fourth step in the process of understanding the country and its people.

5. The fifth part of the report is a description of the social situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the fifth step in the process of understanding the country and its people. It is the fifth step in the process of understanding the country and its people.

6. The sixth part of the report is a description of the cultural situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the sixth step in the process of understanding the country and its people. It is the sixth step in the process of understanding the country and its people.

7. The seventh part of the report is a description of the religious situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the seventh step in the process of understanding the country and its people. It is the seventh step in the process of understanding the country and its people.

8. The eighth part of the report is a description of the educational situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the eighth step in the process of understanding the country and its people. It is the eighth step in the process of understanding the country and its people.

9. The ninth part of the report is a description of the health situation in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the ninth step in the process of understanding the country and its people. It is the ninth step in the process of understanding the country and its people.

10. The tenth part of the report is a description of the environment in the country. It is a very detailed and accurate description, but it is very dry and uninteresting. It is the tenth step in the process of understanding the country and its people. It is the tenth step in the process of understanding the country and its people.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Bonner  
City of Sandpoint

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155(No. Parnell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

92086

State File No. ....

2. FULL NAME Infant Morris(a) Residence. No. Sandpoint Rural

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
Jan. 26, 1935

7. AGE Years Months Days If LESS than 1 day... hrs.  
Stillbirth min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint Idaho  
(State or country)

13. NAME James Allen Morris

14. BIRTHPLACE (city or town) Gering Neb.  
(State or country)

15. MAIDEN NAME Ruth Schmoonover

16. BIRTHPLACE (city or town) Topeka Kan.  
(State or country)

17. INFORMANT James A. Morris  
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL Pinecrest Cem  
Place Sandpoint, Idaho Date Feb. 20, 1935

19. UNDERTAKER L. G. Moon  
(Address) Sandpoint, Ida

20. FILED Jan 31, 1935 Viola Allen  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Stillborn, 193....

I last saw h.... alive on ....., 193....: death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Mal development

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis clinical Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) B. E. Huddle, M. D.(Address) Sandpoint

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

1936

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

228942

CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH  
County of Blaine  
City of Butte  
Cottage Hospital  
(If born in hospital or institution give name.)

Registration District No. 117 State File No. S  
Prim. Registration District No. 2196 Local Registrar's No. 5

2. FULL NAME OF CHILD Steeb

3. Sex <u>Female</u>	4. Twin, triplet, or other .....	5. Premature <u>Full term</u>	6. Legiti- <u>matel</u>	7. Date of birth <u>Jan 6, 1936</u> (Month, Day, Year)
-------------------------	-------------------------------------	----------------------------------	----------------------------	--

9. Full name FATHER  
Harold David Hawk  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Rupert, Id  
11. Color or race W 12. Age at last birthday 24 (years)  
13. Birthplace (city or place) Butte, Idaho  
(State or country)

18. Full maiden name MOTHER  
Vel Thomas  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Rupert, Id  
20. Color or race W 21. Age at last birthday 24 (years)  
22. Birthplace (city or place) Butte, Idaho  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Michigan  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc  
16. Date (month and year) last engaged in this work  
17. Total time (years) spent in this work

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc  
25. Date (month and year) last engaged in this work  
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1  
29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth  
Before labor  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:07 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Taylor, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report  
(Date of)

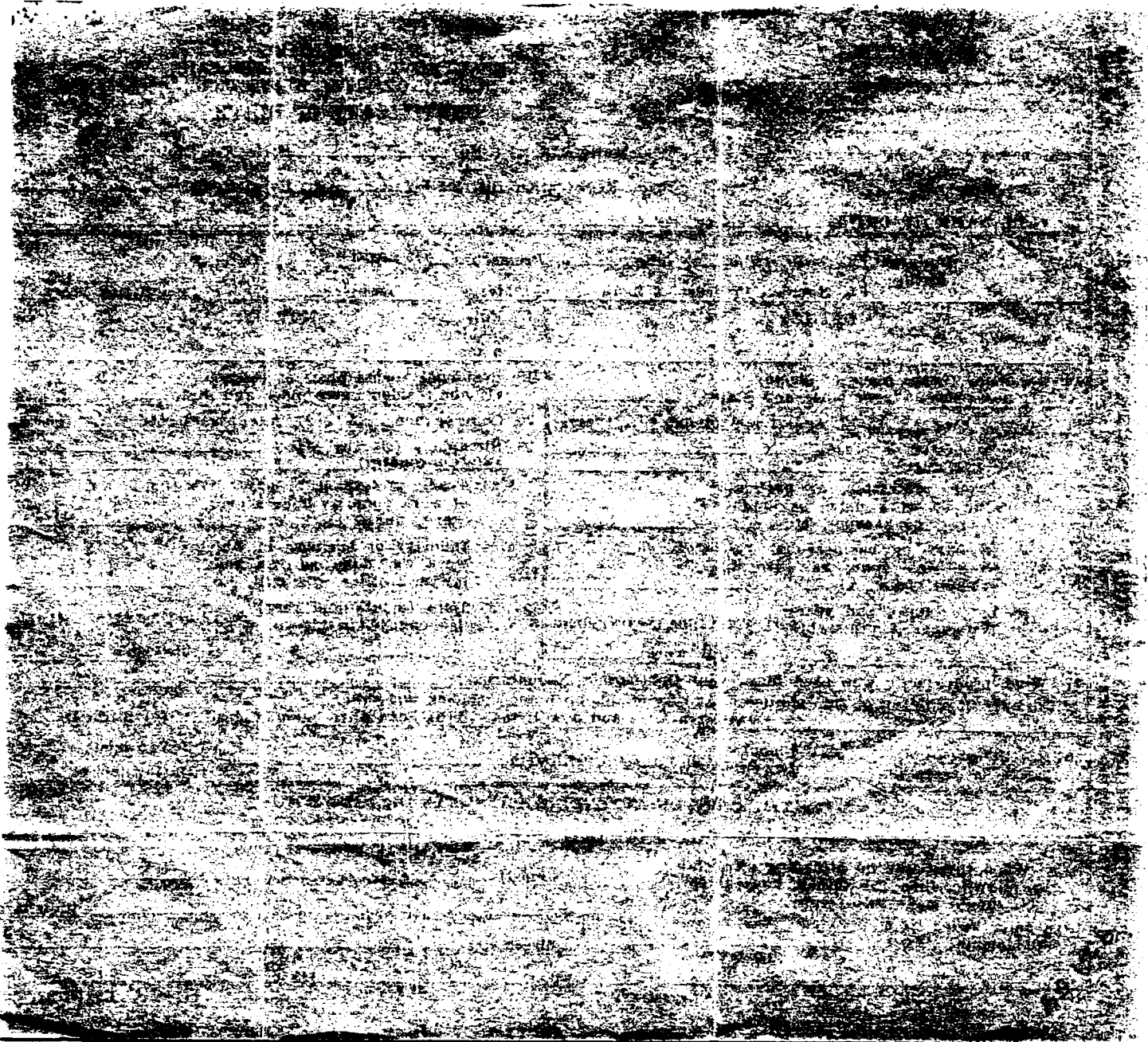
Address Butte, Idaho

Filed Feb 1, 1936 Laura Greco  
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
PLACE OF DEATH - 1935  
County of Carson  
City of Burley

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92158

Registration District No. 117

Primary Registration District No. 2196 Local Registrar's No. 9

(No. Cottage Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hawk

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 6 - 1935

7. AGE (Year) Still Born Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Burley  
(State or country) Idaho

13. NAME Harold W Hawk

14. BIRTHPLACE (city or town) Rupert  
(State or country) Ida

15. MOTHER'S NAME Wend Thomas

16. BIRTHPLACE (city or town) Idaho  
(State or country) Idaho

17. INFORMANT Phila A Hawk  
(Address) Burley Ida

18. BURIAL, CREMATION OR REMOVAL  
Place Burley Ida Date 1-7, 1935

19. UNDERTAKER H. B. Johnson  
(Address) Burley Ida

20. FILED 1/6/1935 Laura Greco  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 6, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935 to Jan 6, 1935

I last saw Still Born Child death is said to have occurred on the date stated above, at 3:01 A.m.

The principal cause of death and related causes of importance were as follows:

Still Born Child - Cause attributed to strangulation from cord being wrapped around neck (3 times)

Other contributory causes of importance

Length of time child had been dead estimated at 2 days. Length of gestation estimated at 7 mos

Name of operation stimulated at 7 mos

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 1935

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laura Greco M. D.

(Address) \_\_\_\_\_

Dr. Fraizer

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Idaho - 1986

County of Carleton

City of Spirit Lake

No. Spirit Lake, Hoop St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE 229125  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **S**

Registration District No. 45 State File No. 2

Prim. Registration District No. Local Registrar's No. 2

2. FULL NAME OF CHILD Unnamed

3. Sex male 4. Twin, triplet, or other 4th no. 5. Number, in order of birth 4 6. Premature yes 7. Legitimate? yes 8. Date of birth Jan 14, 1935  
(MONTH, DAY, YEAR)

9. Full name FATHER Franklin L. Fish 18. Full maiden name MOTHER Emalie Litt

10. Residence (usual place of abode) Standard 96 19. Residence (usual place of abode) Standard 96  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 27 (years) 20. Color or race W. 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Newport, Idaho 22. Birthplace (city or place) Russia  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Worker 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home work

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation 5 1/2 months or weeks 29. Cause of stillbirth ? (no spec.) Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:20 m. on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) John W. Scherri, M. D.

or Spirit Lake, Idaho Midwife

Address Spirit Lake, Idaho

Filed Jan 20, 1935 AC Spooner

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.

no PC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 3 - 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

229126

S

CERTIFICATE OF BIRTH

County of Blaine  
City of Spirit Lake  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 45 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 3

2. FULL NAME OF CHILD Unnamed

3. Sex Male 4. Twin, triplet, or other 1 5. Number, in order of birth II 6. Premature ✓ 7. Legitimate yes 8. Date of birth Jan. 14, 1935  
(MONTH, DAY, YEAR)

9. Full name FATHER Franklin Fish 10. Residence (usual place of abode) Blanchard, Ia.  
(If non-resident, give place and State) 11. Color or race W. 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Newport, Wn. (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Worker  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 3 yrs  
18. Full maiden name MOTHER Emalie Litt 19. Residence (usual place of abode) Blanchard, Ia.  
(If non-resident, give place and State) 20. Color or race W. 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Russia (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation 5 1/2 months \_\_\_\_\_ 29. Cause of stillbirth ? (no face) Before labor \_\_\_\_\_ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) John W. Schori, M. D.

or \_\_\_\_\_

Address Spirit Lake, Ida.

Filed Jan 20, 1935 W. Spooner

Registrar.

Registrar.

2000

RECEIVED FEB 13 1986

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229223

## 1. PLACE OF BIRTH

County of My. Poca

City of Lewiston

No. 253-124-035 St.
St. Joseph's Hospital

(If born in hospital or institution give name.)

Registration District No. 1009 State File No.

Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Frank Bell, Jr.

3. Sex Male 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature, X Full term..... 7. Legitimate, yes 8. Date of birth Jan. 24, 1935 (Month, Day, Year)

9. Full name Frank Oliver Bell FATHER

10. Residence (usual place of abode) Lewiston, Idaho (If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 2 1/2 (years)

13. Birthplace (city or place) Lilomere, Idaho (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 Mo. months or weeks 30. Cause of stillbirth Don't know Before labor..... During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:35 on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Lyle, M. D.

or \_\_\_\_\_, Midwife

Address Lewiston, Idaho

Filed Jan. 24, 1935 J. M. Lyle Registrar.

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]  
[Illegible text follows, appearing to be a memorandum or report with multiple paragraphs and possibly a list of items.]

83-276-100  
[Illegible text at the bottom of the page, including a large handwritten number 83-276-100 and other markings.]

RECEIVED FEB 7-1935

Lyle

## PLACE OF DEATH

County of Benewah  
City of LewistonSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92283Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 242(If death occurred in a hospital or institution, give its name instead of street and number)  
(No. St. Joseph Hospital)2. FULL NAME Frank Bell Jr.(a) Residence. No. Lewiston Richards Ave. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND or (or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 24th 19357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
— — —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho13. NAME Frank O. Bell14. BIRTHPLACE (city or town) Idaho  
(State or country) Idaho15. MAIDEN NAME Rosa Layne Rose16. BIRTHPLACE (city or town) Idaho  
(State or country) Idaho17. INFORMANT (Address) Frank O. Bell  
Lewiston Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Lewiston Idaho Date Jan 25 193519. UNDERTAKER (Address) Brooker - Ham  
Lewiston Idaho20. FILED Jan. 25 1935 J. M. Lyle  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 193522. I HEREBY CERTIFY, That I attended deceased from  
....., 193...., to ..... , 193....I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

stillborn  
approximately  
5 mos. fetus - no cause  
found for death  
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 193....Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) J. M. Lyle M. D.(Address) Lewiston IdahoMARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

693-238-042-114  
1. PLACE OF BIRTH  
County of Juniata  
City of Juniata  
No. County General Hospital St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
229309  
CERTIFICATE OF BIRTH  
S

Registration District No. 31 State File No. 1845  
Prim. Registration District No. 1845 Local Registrar's No. 44  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bonnie Jean Fitzwater

3. Sex Female If plural births 0 4. Twin, triplet, or other 0 6. Premature 0 7. Legiti-  
5. Number, in order of birth 0 Full term 0 mated yes 8. Date of birth January 3, 1935  
(Month, Day, Year)

9. Full name Elmer Stanley Fitzwater FATHER 18. Full maiden name Margaret Adah James MOTHER

10. Residence (usual place of abode) Wash. D.C. 19. Residence (usual place of abode) Rt. 3  
(If non-resident give place and State) Juniata, Pa. (If non-resident, give place and State) Juniata, Pa.

11. Color or race W 12. Age at last birthday 4 (years) 20. Color or race W 21. Age at last birthday 2 (years)

13. Birthplace (city or place) Cincinnati 22. Birthplace (city or place) Shenandoah  
(State or country) Ohio (State or country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvage 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Exporting Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Telephone

16. Date (month and year) last engaged in this work January, 1935 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work June, 1935 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos months or weeks 1 week 30. Cause of stillbirth marked toxemia of mother  
Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John H. Carpenter, M. D.

or \_\_\_\_\_, Midwife

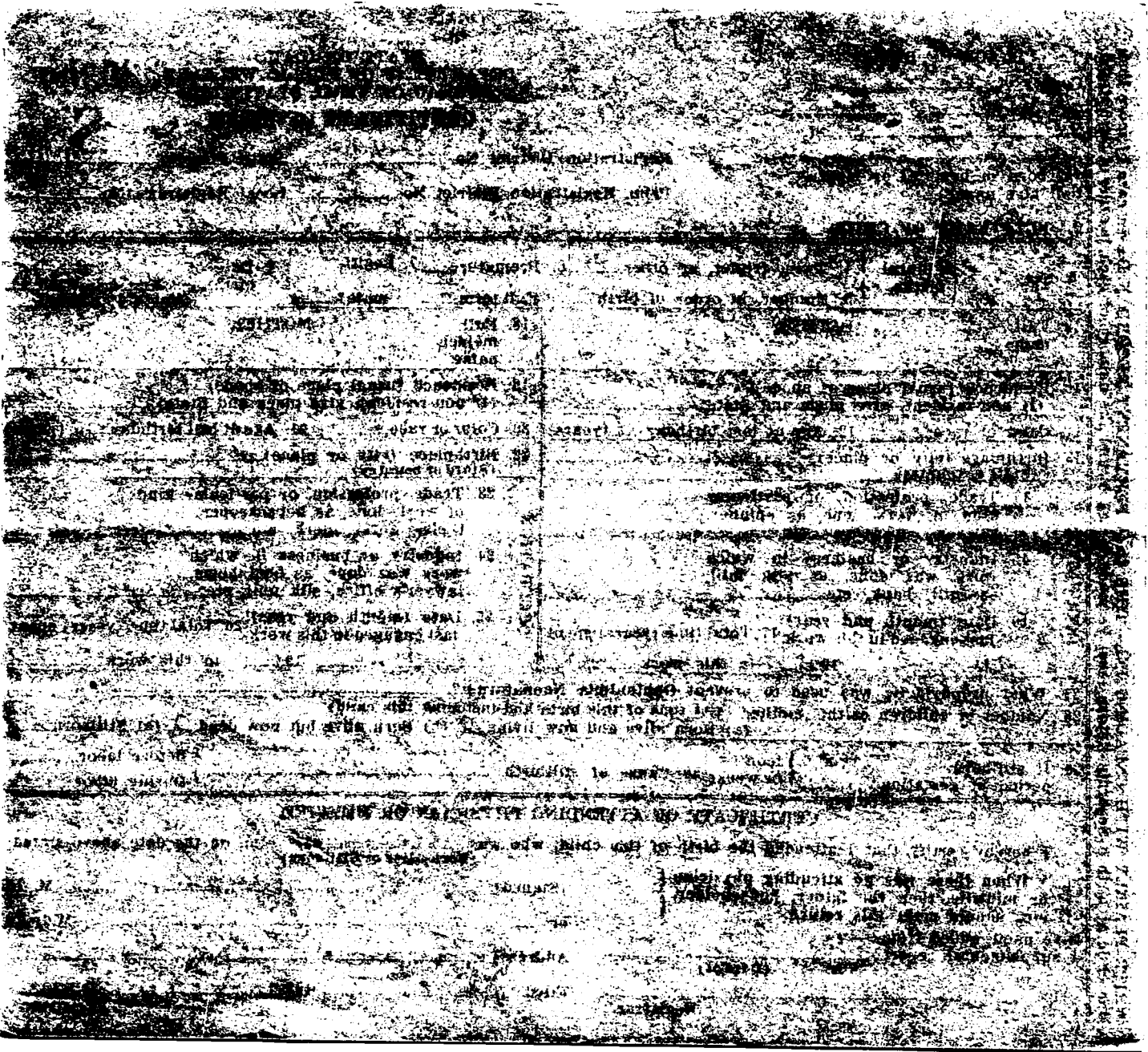
Give name added from a supplemental report \_\_\_\_\_

Address Juniata, Pa.

Filed Feb. 8 - 1935

(Date of)

Registrar.



RECEIVED FEB 12 1985

## PLACE OF DEATH

County of Twin Falls  
 City of Twin Falls

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2086

DO NOT WRITE IN THIS SPACE

State File No. 92362Local Registrar's No. 24(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bonnie Jane Fitzwater.(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Stillborn

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls  
(State or country) Idaho13. NAME Elwin S. Fitzwater,14. BIRTHPLACE (city or town) Kansas  
(State or country)15. MAIDEN NAME Florence James16. BIRTHPLACE (city or town) Chariton  
(State or country) Iowa17. INFORMANT Mrs. Walter W. Miller  
(Address) Twin Falls, Idaho.18. BURIAL, ~~Cremation or Burial~~  
Place Twin Falls Date 1-31-8519. UNDERTAKER White Mortuary, Inc.  
(Address) Twin Falls, Idaho.20. FILED Jan 31 - 1985

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-30 1985

22. I HEREBY CERTIFY, That I attended deceased from alone, 193... to 1-28, 193...  
 I last heard alive on 1-28, 193... death is said to have occurred on the date stated above, at .....m.  
 The principal cause of death and related causes of importance were as follows:

Still born due to marked toxemia of pregnancy in mother  
 Other contributory causes of importance:  
6 weeks pre mature

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy... no

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury... 198...  
 Where did injury occur?.....  
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) John H. Campbell, M. D.  
 (Address) Twin Falls, Idaho.

MARGIN RESERVED FOR BINDING  
 N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

767-214-003-175

1. PLACE OF BIRTH  
County of Sanuel  
City of Pocatello  
No. St. Anthony St.  
Mersey Hospital  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Poppleton

3. Sex female If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature ..... Full term ..... 7. Legitimate? yes 8. Date of birth 2/14/35 (Month, Day, Year)

9. Full name FATHER William A Poppleton 18. Full maiden name MOTHER Wanda A Apel

10. Residence (usual place of abode) 531 W Bonnivale 19. Residence (usual place of abode) 531 W Bonnivale  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Pocatello, Idaho 22. Birthplace (city or place) Anaconda, Mont.  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Liberty Coal Co 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 5yr 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 6yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 8

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation 8mo months or weeks 30. Cause of stillbirth Monstrosity Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

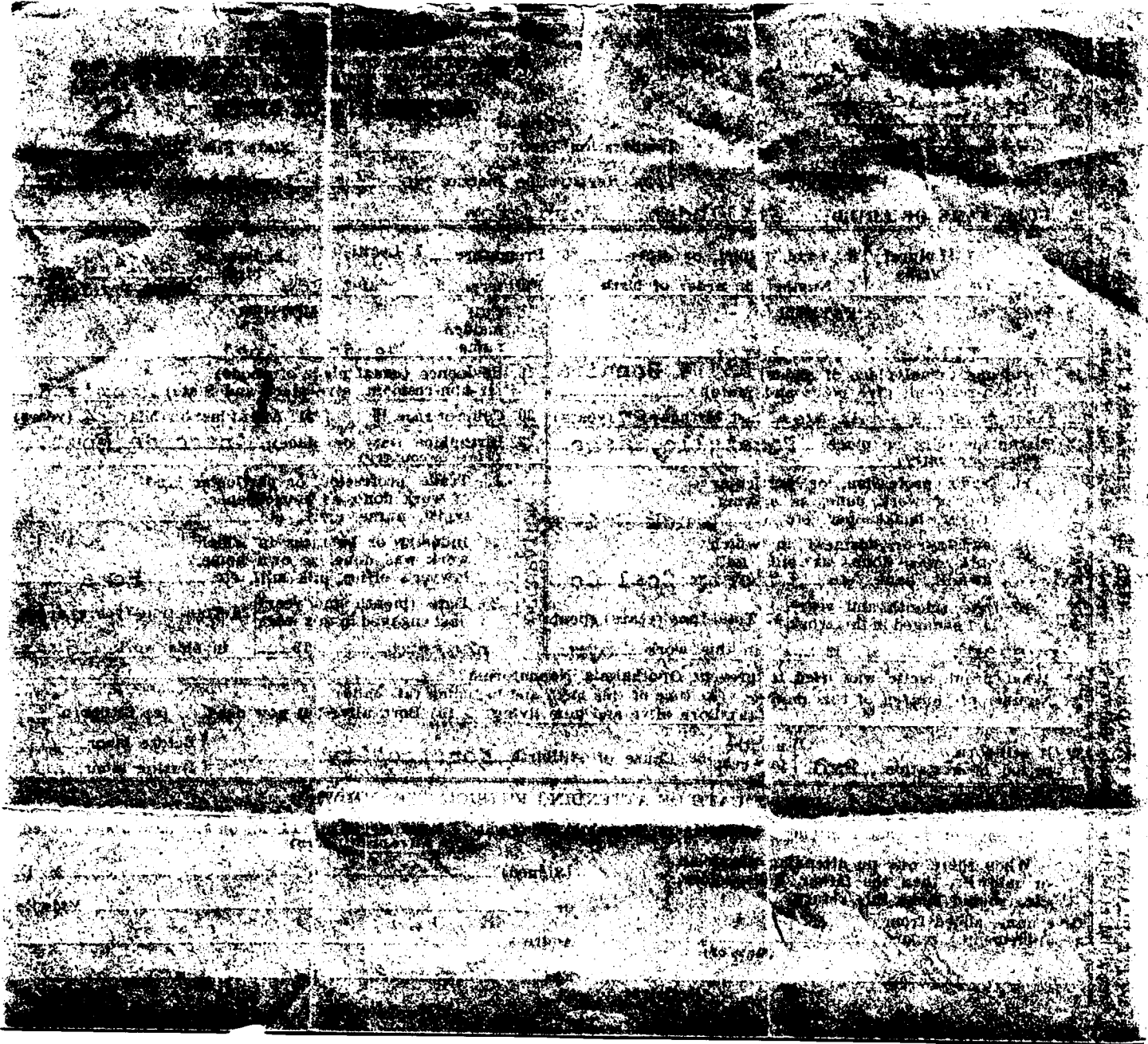
I hereby certify that I attended the birth of this child, who was Stillborn at 8:50 P.M. on the date above stated.  
(Born Alive or Stillborn)

(Signed) T. Spiller, M. D.  
or ..... Midwife

Address Pocatello Idaho  
Filed March 5, 1935 J. May  
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report [Signature] (Date of) .....





N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
PLACE OF DEATH 1935  
Bannock  
County of  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 92443

Registration District No. ....

Primary Registration District No. .... Local Registrar's No. 308

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Poppleton

(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
February 14, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... Infant

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)

13. NAME W. A. Poppleton

14. BIRTHPLACE (city or town) Poca., Ida.  
(State or country)

15. MAIDEN NAME Wanda Ann Appel

16. BIRTHPLACE (city or town) Montana.  
(State or country)17. INFORMANT W. A. Poppleton  
(Address) Pocatello, Idaho.18. BURIAL, CREMATION OR REMOVAL  
Place Pocatello, Ida. Date Feb. 16, 1935.19. UNDERTAKER Hall Mortuary  
(Address) Pocatello, Idaho.

20. FILED Feb. 15, 1935. J. May Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 14, 1935.

22. I HEREBY CERTIFY, That I attended deceased from  
....., 193....., to 2-14-....., 1935.

I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. S. Miller, M. D.

(Address) Pocatello, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD, N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECORDED MAR 11 1935

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229561

1. PLACE OF BIRTH  
County of Benedict  
City of St. Marie, Idaho  
No. St. Marie Hospital  
(If born in hospital or institution give name.)

Registration District No. 32 State File No. 2049  
Prim. Registration District No. 12 Local Registrar's No. 12

2. FULL NAME OF CHILD Infant Cardwell

3. Sex Male 4. Twin, triplet, or other No 5. Number, in order of birth 1 6. Premature No 7. Legitimate Yes 8. Date of birth Feb 10, 1935  
(Month, Day, Year)

9. Full name FATHER Ernest Cardwell  
10. Residence (usual place of abode) Bozeman, Ida  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 21 (years)  
13. Birthplace (city or place) Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging  
16. Date (month and year) last engaged in this work 2-9, 1935  
17. Total time (years) spent in this work 2

18. Full maiden name MOTHER Laura Beale  
19. Residence (usual place of abode) Bozeman, Ida  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 23 (years)  
22. Birthplace (city or place) Idaho  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife  
25. Date (month and year) last engaged in this work 2-9, 1935  
26. Total time (years) spent in this work 6  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, period of gestation 5 1/2 months undetermined

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.  
(Signed) Dr. Robins, M. D.  
or St. Marie, Ida  
Address Mar. 9, 1935  
Filed W. Beale  
Registrar.

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1935

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH

County of BenevolCity of St. Marie, IdaRegistration District No. 32Primary Registration District No. 2949(No. St. Marie Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Cardwee (Sheebird)(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Stillborn5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn6. DATE OF BIRTH (month, day, and year) 2-10-35

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) (State or country) St. Marie, Ida13. NAME Ernest Cardwee

14. BIRTHPLACE (city or town) (State or country)

15. MOTHER Laura Ella Beece

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 193

19. UNDERTAKER (Address)

20. FILED May 9, 1935 Walter Robberg Registrar

DO NOT WRITE IN THIS SPACE

State File No. 93258Local Registrar's No. 17

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10-193522. I HEREBY CERTIFY, That I attended deceased from 2-10, 1935, to 2-10, 1935.I last saw relative on never, 1935. death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Still birth Cause unknown

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? St. Marie, Ida

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. J. H. Beece M.D. St. Marie, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 7 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

229581  
S

CERTIFICATE OF BIRTH

1. PL Blackfoot  
County of Blackfoot  
City of Blackfoot  
No. WEST SECTOR St.

Registration District No. 121 State File No. 121  
Prim. Registration District No. 1207 Local Registrar's No. 69

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jay Lamb Stillborn

3. Sex <b>Male</b>	{ If plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature <input checked="" type="checkbox"/> Full term.....	7. Legitimate? <input checked="" type="checkbox"/> Yes	8. Date of birth <u>Feb. 10 1935</u> (Month, Day, Year)													
9. Full name <b>Ervin Lamb</b>		FATHER	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot</u>	11. Color or race <u>W</u>	12. Age at last birthday <u>25</u> (years)	13. Birthplace (city or place) (State or country) <u>Walsburg, Utah</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>IRA Labor</u>	16. Date (month and year) last engaged in this work <u>February 1935</u>	17. Total time (years) spent in this work <u>All</u>	18. Full maiden name <b>Helen Young</b>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot</u>	20. Color or race <u>W</u>	21. Age at last birthday <u>19</u> (years)	22. Birthplace (city or place) (State or country) <u>Shelley, Idaho</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	25. Date (month and year) last engaged in this work <u>Feb. 10 1935</u>	26. Total time (years) spent in this work <u>All</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>10% Argrol</u>										28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>Six</u> months or weeks										30. Cause of stillbirth <u>Unknown</u> { Before labor..... During labor.....									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. W. McDaniel, M. D.

or \_\_\_\_\_, Midwife

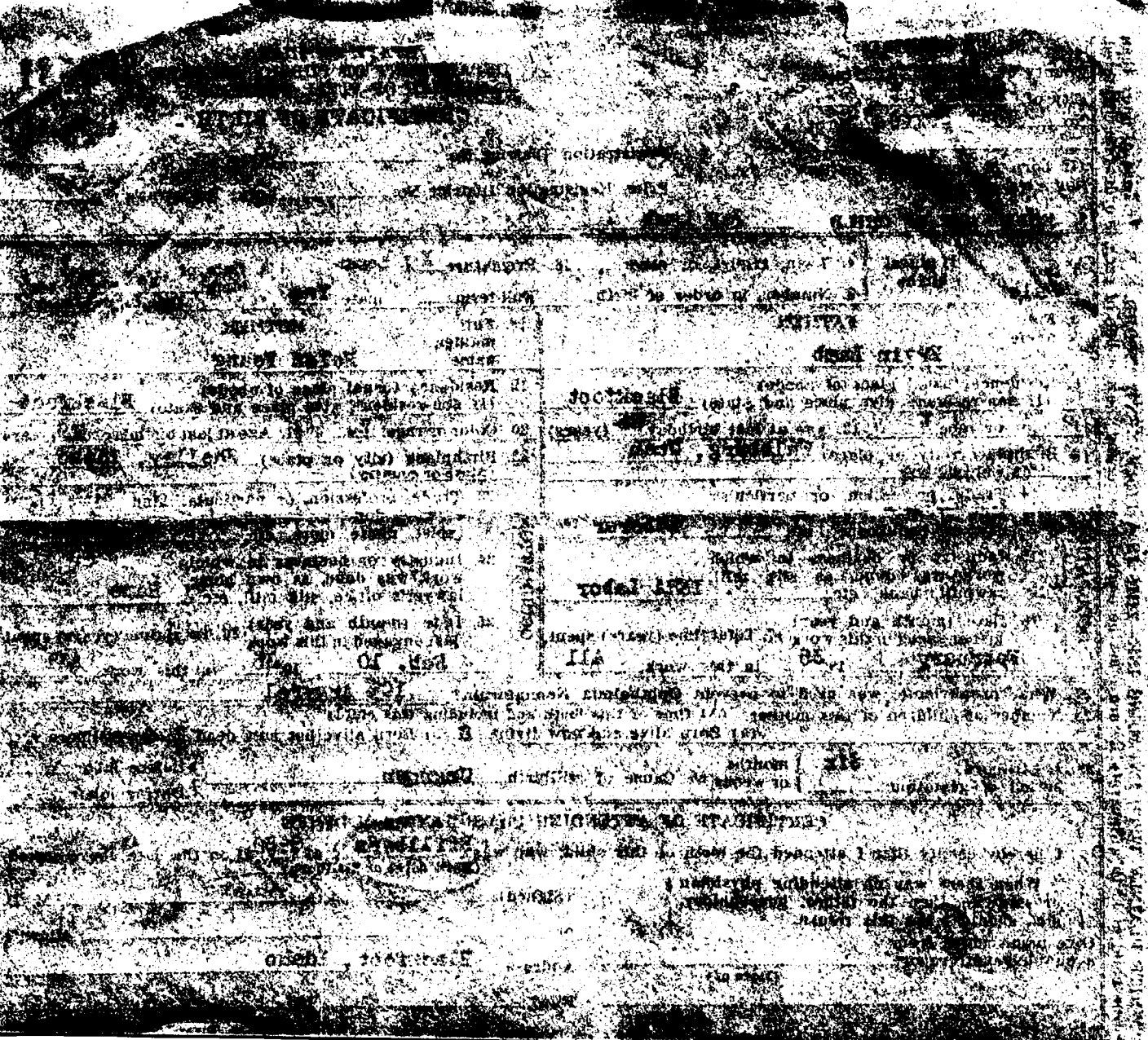
Address Blackfoot, Idaho

Filed March 2, 1935 H. W. McDaniel Registrar.

Give name added from a supplemental report. (Date of) \_\_\_\_\_

Registrar.





RECEIVED MAR 7 1935

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **92461**

## PLACE OF DEATH

County of **Bingham**City of **Blackfoot**

## CERTIFICATE OF DEATH

Registration District No. **121**Primary Registration District No. **1007**Local Registrar's No. **38**

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Jay Lamb Stillman**(a) Residence. No. **West Sexton** St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**Male**

4. COLOR OR RACE

**White**5. Single, Married, Widowed,  
or Divorced (write the word.)**Single**5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) **February 10, 1935**

7. AGE

Years

Months

Days

If LESS than 1 day,  
..... hrs. or  
..... min.**6****8****0****15**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Blackfoot, Idaho**  
(State or country)

10. NAME OF FATHER

**Ervin Lamb**11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)**Walsburg, Utah**

12. MAIDEN NAME OF MOTHER

**Helen Young**13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)**Shelley, Idaho**

14.

Informant  
(Address)**Ervin Lamb**  
**Blackfoot, Idaho**

15.

Filed

**Feb. 11, 1935** **Dim. Nature & Cause**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

**February****10****1935**

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

**Feb. 10, 1935** to **Feb. 10, 1935**that I last saw him alive on **Feb. 10, 1935**and that death occurred, on the date stated above, at **9:30 A.M.**\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:**Premature six months**

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)**Unknown**

(duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? **No** Date of .....Was there an autopsy? **No**What test confirmed diagnosis? **Clinical**(Signed) **R. W. Mitchell**, M. D.**Feb. 10, 1935** (Address) **Blackfoot, Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

**Shelley, Id. 2-11-1935**

20. Undertaker

Address

**Ervin Lamb** **Blackfoot, Idaho**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably such**, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

219-106-010-713  
1. PLACE OF BIRTH  
County of Blaine  
City of Idaho Falls  
No. 201 Hospital St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **229646**

RECEIVED MAR 11 1935

Registration District No. 73 State File No. \_\_\_\_\_  
Prim. Registration District No. 2107 Local Registrar's No. 86  
Barstow

2. FULL NAME OF CHILD Barstow

3. Sex male 4. Twin, triplet, or other 2 5. Number, in order of birth 2 6. Premature Full term 7. Legiti- mate 8. Date of birth Feb 6, 1935  
(Month, Day, Year)

9. Full name FATHER  
William Benjamin Barstow  
10. Residence (usual place of abode) Clark, Idaho  
(If non-resident, give place and State) Idaho Falls  
11. Color or race white 12. Age at last birthday 28 (years)  
13. Birthplace (city or place) Reno, Nevada  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 203  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, 8 mo months or weeks 30. Cause of stillbirth Premature labor  
period of gestation \_\_\_\_\_ Before labor \_\_\_\_\_  
During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at Idaho Falls, Idaho on the date above stated.  
(Date of birth) \_\_\_\_\_  
(Signature) [Signature] M. D.  
or \_\_\_\_\_ Midwife  
Address Idaho Falls, Idaho  
Filed Mar 12, 1935 [Signature] Registrar.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

PLACE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registration

(If born in hospital or institution give name)

CLICK TO ENLARGE

FATHER		MOTHER	
1. Full name	2. Full name	3. Full name	4. Full name
10. Residence (usual place of abode) 11. Non-resident type place and State	10. Residence (usual place of abode) 11. Non-resident type place and State	10. Residence (usual place of abode) 11. Non-resident type place and State	10. Residence (usual place of abode) 11. Non-resident type place and State
12. Color of race	12. Color of race	12. Color of race	12. Color of race
13. Age at last birthday (years)	13. Age at last birthday (years)	13. Age at last birthday (years)	13. Age at last birthday (years)
14. Birthplace (city or place) (State or country)	14. Birthplace (city or place) (State or country)	14. Birthplace (city or place) (State or country)	14. Birthplace (city or place) (State or country)
15. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.	15. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.	15. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.	15. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.
16. Industry or business in which work was done as silk mill, sawmill, bank, etc.	16. Industry or business in which work was done as silk mill, sawmill, bank, etc.	16. Industry or business in which work was done as silk mill, sawmill, bank, etc.	16. Industry or business in which work was done as silk mill, sawmill, bank, etc.
17. Date (month and year) 18. Total time (years) spent last engaged in this work	17. Date (month and year) 18. Total time (years) spent last engaged in this work	17. Date (month and year) 18. Total time (years) spent last engaged in this work	17. Date (month and year) 18. Total time (years) spent last engaged in this work

11. Period of gestation \_\_\_\_\_  
 12. At birth \_\_\_\_\_  
 13. Cause of stillbirth \_\_\_\_\_  
 14. Weeks \_\_\_\_\_  
 15. Months \_\_\_\_\_  
 16. Before labor \_\_\_\_\_  
 17. During labor \_\_\_\_\_  
 18. After labor \_\_\_\_\_  
 19. (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 (Name, date of birth, sex)  
 When there was no attending physician \_\_\_\_\_  
 or midwife, then the father, householder, \_\_\_\_\_  
 etc., should make this return \_\_\_\_\_  
 Give name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 on the date above stated \_\_\_\_\_  
 M. D. \_\_\_\_\_  
 Signature \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
PLACE OF DEATH

MAD 11 1985

County of Bornemere  
City of Idaho Falls

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92504

Registration District No. 72

Primary Registration District No. 246

Local Registrar's No. 53

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth Barstow

(a) Residence. No. 141 Clark  
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Baby

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) February 6 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Ida.

13. NAME Mr. Benj. Barstow

14. BIRTHPLACE (city or town) Reno  
(State or country) Nevada

15. MAIDEN NAME Ruby A. Gallery

16. BIRTHPLACE (city or town) Latrobe  
(State or country) Idaho

17. INFORMANT Father  
(Address) \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL  
Place Idaho Falls Date 7 7, 1935

19. UNDERTAKER none  
(Address) \_\_\_\_\_

20. FILED 2/4, 1935 Idaho Falls  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1935, to Feb 6, 1935.

I last saw him alive on 7/6, 1935; death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation  
Premature separation  
of Placenta  
In utero  
Other contributory causes of importance:  
Been dead in utero  
about 3 or 4 wks

Date of onset

Name of operation none Date of Jan 1

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 1935.

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Idaho Falls M. D.  
(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Benewah  
City of Idaho Falls, Ida  
No. h.D. S. Hospital St.

(If born in hospital or institution give name)

2. FULL NAME OF CHILD Stillborn

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
229651  
CERTIFICATE OF BIRTH **S**

Registration District No. 23 State File No. 211-0  
Prim. Registration District No. 211-0 Local Registrar's No. 23

3. Sex girl If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....  
6. Premature..... 7. Legiti-  
Full term ye mths? ye 8. Date of birth 1-31-1935  
(Month, Day, Year)

9. Full name FATHER  
Paul Timothy Delaney  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho  
11. Color or race white 12. Age at last birthday 31 (years)  
13. Birthplace (city or place)  
(State or country) Idaho

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work 10-21-1935  
17. Total time (years) spent in this work 1 year 7 mo

18. Full maiden name MOTHER  
Rosa Elva Hennis  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho  
20. Color or race white 21. Age at last birthday 29 (years)  
22. Birthplace (city or place)  
(State or country) Idaho  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wm. Dale  
25. Date (month and year) last engaged in this work 4-25-1935  
26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argemol 2%  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....  
29. If stillborn, period of gestation..... months or weeks 30. Cause of stillbirth.....  
Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 9:45

I hereby certify that I attended the birth of this child, who was Dead at 9:45 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....  
(Date of)

Registrar.

(Signed) [Signature], M. D.  
or [Signature], Midwife  
Address Idaho Falls, Idaho  
Filed 2/1/36, 1935 [Signature]  
Registrar.



THE UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

IN SENATE  
JANUARY 10, 1950  
COMMITTEE ON LABOR AND HUMAN RESOURCES  
SUBCOMMITTEE ON LABOR

HEARINGS  
ON THE  
NATIONAL LABOR RELATIONS BOARD  
AND THE NATIONAL LABOR RELATIONS ACT  
AND THE NATIONAL LABOR RELATIONS BOARD  
AND THE NATIONAL LABOR RELATIONS ACT

IN SENATE  
JANUARY 10, 1950  
COMMITTEE ON LABOR AND HUMAN RESOURCES  
SUBCOMMITTEE ON LABOR

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NATIONAL LABOR RELATIONS BOARD  
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AND THE NATIONAL LABOR RELATIONS ACT

RECEIVED FEB 7-1936

## PLACE OF DEATH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BonnevilleCity of Idaho Falls

## CERTIFICATE OF DEATH

State File No. 92107Registration District No. 73Primary Registration District No. 7120Local Registrar's No. 20(No. H. D. S. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Pauline Delaney(a) Residence. No. Driggs Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female white</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>January 31-1935</u>		
7. AGE Years <u>no</u> Months <u>no</u> Days <u>no</u>	If LESS than 1 day, hrs. or min. <u>no</u>	
8. Trade, profession, or particular kind of work done, as <u>plumber, sawyer, bookkeeper, etc.</u> <u>none</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Idaho Falls Idaho  
(State or country)13. NAME Paul T. Delaney14. BIRTHPLACE (city or town) Hedham Iowa  
(State or country)15. MAIDEN NAME E. W. Henry16. BIRTHPLACE (city or town) Idaho Falls Idaho  
(State or country)17. INFORMANT Paul T. Delaney  
(Address) Driggs Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Driggs Idaho Date 2-7-193519. UNDERTAKER T. J. McMan  
(Address) Idaho Falls Ida.20. FILED 741, 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31-193522. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1935, to Jan 31, 1935. I last saw her alive on Jan 31, 1935; death is said to have occurred on the date stated above, at 9:30 P.M. The principal cause of death and related causes of importance were as follows:Cerebral Birth Injury (Still birth)Date of onset Jan 31

Other contributory causes of importance:

(Face) Mental presentationName of operation Version delivery Date of Jan 31What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1935.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) P. J. Smith(Address) Idaho Falls

M. D.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each in order of birth stated.

RECEIVED FEB 11 1935

DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS 29686

CERTIFICATE OF BIRTH

City of Idaho Falls No. 218 Registration District No. 13 State File No. S

(If born in hospital or institution give name.) Prim. Registration District No. 2142 Local Registrar's No. 91

2. FULL NAME Sarah Lou Taylor Stillbirth

3. Sex girl 4. Twin, triplet, or other no 5. Premature no 6. Legitimate yes 7. Date of birth 2-13-1935

8. Full name FATHER Lewis L. Taylor 18. Full maiden name MOTHER Fern Cook

10. Residence (usual place of abode) (If non-resident, give place and State) R# 6 Idaho Falls 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race W. 12. Age at last birthday 29 (years) 20. Color or race W. 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or country) Wellsville, Utah 22. Birthplace (city or place) (State or country) Taylor, Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lebanese 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N. W.

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lebanese 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Name

16. Date (month and year) last engaged in this work Feb 17. Total time (years) spent in this work 35 25. Date (month and year) last engaged in this work Feb 26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months 30. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 13

I hereby certify that I attended the birth of this child, who was Stillborn at 13 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Harry Hatch, M. D.

or Idaho Falls Idaho Midwife

Address Idaho Falls Idaho

Filed Feb 13 1935 Idaho Falls Registrar.

DECLASSIFICATION

DATE: 10/10/2001

BY: 10/10/2001

REASON: 10/10/2001

10/10/2001

10/10/2001

10/10/2001

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N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1935

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BannockvilleCity of Idaho Falls

## CERTIFICATE OF DEATH

State File No. 92509Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 34(No. L. D. B. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME

(a) Residence. No. 206

(Usual place of abode)

St. Day in Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Still birth

5. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

2-13-35

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Idaho13. NAME Lewis L. Wyath14. BIRTHPLACE (city or town) (State or country) W. Belleville, Utah15. MAIDEN NAME Fern Cook16. BIRTHPLACE (city or town) (State or country) Taylor, Utah17. INFORMANT Mrs. L. L. Wyath (Address) Day in Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date Feb. 14, 193519. UNDERTAKER (Address) none20. FILED Feb. 13, 1935 C. G. Gorman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 193522. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1935, to 2/13, 1935Last saw him alive on Feb. 13, 1935; death is said to have occurred on the date stated above, at 206 m.

The principal cause of death and related causes of importance were as follows:

Still born  
mother is diabetic

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) H. D. Gorman M. D.(Address) Idaho Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. STATE AND PLACE OF BIRTH  
County of Shelby  
City of Idaho Falls  
No. 208 Hospital St.  
(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 73 State File No. S  
Prim. Registration District No. 2150 Local Registrar's No. 70

2. FULL NAME OF CHILD Stillborn

3. Sex Boy If plural births 7 months 4. Twin, triplet, or other 7 months 5. Number, in order of birth 7 months 6. Premature 7 months 7. Legiti- 7 months 8. Date of birth 1-4, 1935  
(Month, Day, Year)

9. Full name FATHER Bernard Huntman

18. Full maiden name MOTHER Grace Montague

10. Residence (usual place of abode) Shelby Idaho  
(If non-resident, give place and State)

19. Residence (usual place of abode) Shelby Idaho  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years)

20. Color or race White 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Idaho Falls  
(State or country)

22. Birthplace (city or place) Idaho Falls  
(State or country)

14. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc Merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc House Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc Merchant

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc Own Home

16. Date (month and year) last engaged in this work 1-4, 1935

25. Date (month and year) last engaged in this work 1-3, 1935

17. Total time (years) spent in this work 13 yrs

26. Total time (years) spent in this work 13 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 4

29. If stillborn, period of gestation 7 months or weeks 7 Cause of stillbirth Wagonman's Neg Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:06 p. m. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John C. Gustin, M. D.

or Boy 86 Shelby, Midwife

Address Shelby Idaho

Filed 7-27-35, 1935 7-27-35

Registrar.

Registrar.



STATE  
TERRITORY  
COUNTY

[The remainder of the page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document. Some faint words like "AND", "TO", and "BY" are visible.]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

County of Bannock  
City of Idaho Falls

DO NOT WRITE IN THIS SPACE

92521

State File No. ....

Registration District No. 13Primary Registration District No. 3-1-10 Local Registrar's No. 25-

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant 7 Huntman Stillbirth  
(a) Residence. No. .... St.  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word)  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillbirth  
6. DATE OF BIRTH (month, day, and year) 1-4-35  
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
7 months  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Idaho

13. NAME Bernard Huntman

14. BIRTHPLACE (city or town) Arpabelle  
(State or country) Utah

15. MAIDEN NAME Pracy Montague

16. BIRTHPLACE (city or town) Shelley Idaho  
(State or country) Idaho

17. INFORMANT Mrs. S. Huntman  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place L.A.S. Hospital Date 1/5, 1935

19. UNDERTAKER none  
(Address)

20. FILED 2/4, 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-4-1935

22. I HEREBY CERTIFY That I attended deceased from Stillbirth, to 1935, 193....

I last saw h.... alive on 1-4-1935, 193.... death is said to have occurred on the date stated above, at Stillbirth m.  
The principal cause of death and related causes of importance were as follows:

Stillbirth  
Causes  
Unkown  
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? 2

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 193....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Edwin R. Carter, M. D.  
(Address) Boys & Co.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

946-109-014-344  
RECEIVED MAR 12 1935

1. PLACE OF BIRTH  
County of Canyon  
City of Caldwell  
No. at Caldwell Sanitarium  
(If born in hospital or institution give name.)  
Registration District No. 1 State File No. 229756  
Prim. Registration District No. 2005 Local Registrar's No. 52

2. FULL NAME OF CHILD Premature

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legitimate?.....	8. Date of birth <u>Mar. 9, 1935</u> (Month, Day, Year)
9. Full name FATHER <u>Alfred M. Root</u>				18. Full maiden name MOTHER <u>Hazel A. Summers</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell # 3</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u># 3</u>		
11. Color or race.....		12. Age at last birthday <u>21</u> (years)		20. Color or race.....		21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho</u>				22. Birthplace (city or place) (State or country) <u>Neb.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gas Station operator</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work				26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead..... (c) Stillborn.....						
29. If stillborn, period of gestation..... months or weeks				30. Cause of stillbirth <u>Premature</u> Before labor..... During labor.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 11:30 A. on the date above stated.  
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) S. B. Dudley, M. D.

or S. B. Dudley, Midwife

Give name added from a supplemental report.....

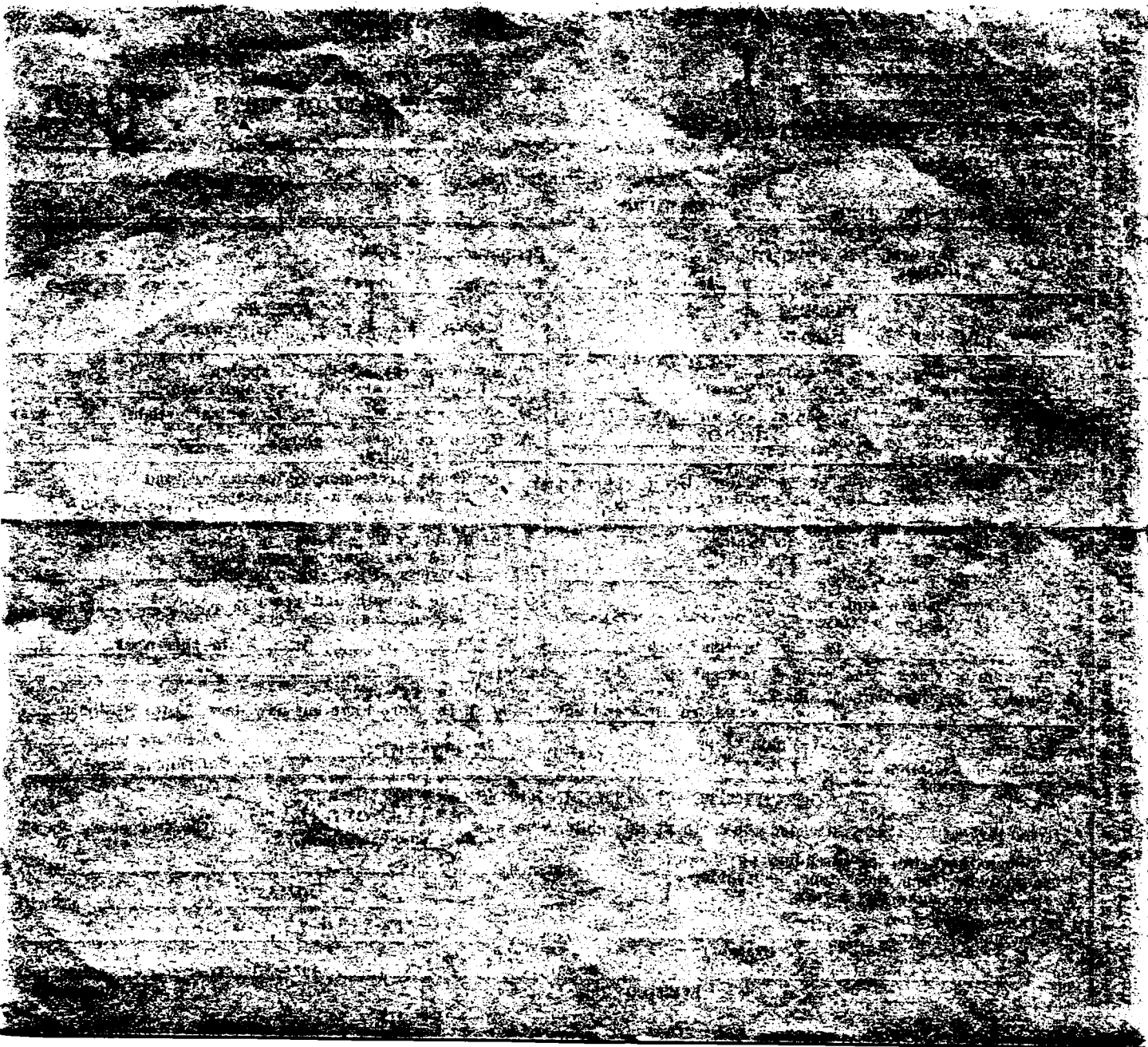
Address Caldwell, Idaho

(Date of)

Filed 3-9- 1935 Montgomery

Registrar.

Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
CanyonCounty of.....  
City of.....Caldwell  
Caldwell SanitariumSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No.....

Primary Registration District No.....

DO NOT WRITE IN THIS SPACE

92531

State File No.....

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junior Root

(a) Residence. No.....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
March 9, 19357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
stillborn8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Caldwell, Ida.  
(State or country)

13. NAME Alfred M. Root

14. BIRTHPLACE (city or town) Caldwell, Ida.  
(State or country)

15. MAIDEN NAME Hazel Summers

16. BIRTHPLACE (city or town) Springfield Mo.  
(State or country)17. INFORMANT father  
(Address)18. BURIAL, CREMATION OR REMOVAL  
Place Pleasant Ridge Date 3-9-3519. UNDERTAKER none Alfred M. Root  
(Address) parents20. FILED 3/9, 1935 M. Montgomery  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-7-35

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935, to March 9, 1935. I last saw him alive on March 7, 1935. death is said to have occurred on the date stated above, at evening. The principal cause of death and related causes of importance were as follows: maternal toxemia, diabetic. Date of onset 3-7-35

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?.... Was there an autopsy?..23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 1935.  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) S. J. Dinsley, M. D.  
(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Clark  
City of Buckley  
No. 538-112-016-568 St. Clark

(If born in hospital or institution give name.)

STATE OF IOWA  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

229783

Registration District No. 117 State File No. 229783  
Prim. Registration District No. 1196 Local Registrar's No. 54

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....  
6. Premature ☒ Full term.....  
7. Legiti- mate ☒ 8. Date of birth 1-14, 1935 (Month, Day, Year)

9. Full name FATHER Clarence Alexander Elquist  
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley  
11. Color or race W. 12. Age at last birthday 29 (years)  
13. Birthplace (city or place) Grand Rapids, Mich. (State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work 1-22, 1935  
17. Total time (years) spent in this work 4 1/2

18. Full maiden name MOTHER Artha Joyce  
19. Residence (usual place of abode) (If non-resident, give place and State) Oakley  
20. Color or race W. 21. Age at last birthday 26 (years)  
22. Birthplace (city or place) Buckley, Idaho (State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
25. Date (month and year) last engaged in this work 1-13, 1935  
26. Total time (years) spent in this work 9 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, months or weeks 30. Cause of stillbirth Had been Before labor. During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 1/2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. H. H. H., M. D.

or \_\_\_\_\_, Midwife

Address Rupert Idaho

Filed Mar 4, 1935 Laura Greco

Give name added from a supplemental report. (Date of) \_\_\_\_\_ Registrar.

Registrar.



INVESTIGATION OF THE  
ACTIVITIES OF THE  
INTERNAL SECURITY OF THE UNITED STATES

MEMORANDUM FOR THE DIRECTOR, FBI  
SUBJECT: [Illegible]  
DATE: [Illegible]  
BY: [Illegible]

1. [Illegible]  
2. [Illegible]  
3. [Illegible]

4. [Illegible]  
5. [Illegible]  
6. [Illegible]

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9. [Illegible]

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60. [Illegible]

61. [Illegible]  
62. [Illegible]  
63. [Illegible]

RECEIVED MAR 11 1935

## PLACE OF DEATH

County of Cornwall  
City of BurleySTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92568Registration District No. 17Primary Registration District No. 2196Local Registrar's No. 15(No. Cottage Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Baby Elquist(a) Residence. No. Burley Idaho St. (Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan. 14 - 19357. AGE Years Months Days If LESS than 1 day... hrs. or... min.  
Still Born8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Burley  
(State or country) Ida.13. NAME Clarence Alexander Elquist14. BIRTHPLACE (city or town) Campanville, Ill.  
(State or country) Ill.15. MOTHER'S NAME Bessie Joyce16. BIRTHPLACE (city or town) Idaho  
(State or country) Idaho17. INFORMANT Clarence A. Elquist  
(Address) Burley Ida.18. BURIAL, CREMATION OR REMOVAL  
Place Burley Ida. Date 1-16, 193519. UNDERTAKER W. E. Schonger  
(Address) Burley Ida.20. FILED 1/16/1935 Idaho Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 14 193522. I HEREBY CERTIFY, That I attended deceased from  
... 1-14 ..., 1935, to 1-14 ..., 1935I last saw him on 14 ..., 1935; death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

RespirationsBirth

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 1935.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?....  
If so, specify.....(Signed) Chas. A. Osburn, M. D.  
(Address) .....

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine  
City of Orford  
No. Burns House St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

9/19/35

CERTIFICATE OF BIRTH **S229812**

Registration District No. 20 State File No. \_\_\_\_\_  
Prim. Registration District No. 2157 Local Registrar's No. 18  
FULL NAME OF CHILD Hallan Gaffney Still Born  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>✓</u>	and {	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>2-7-35</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead still born Stillborn one

FATHER FULL NAME <u>John Gaffney</u>	MOTHER FULL MAIDEN NAME <u>Stella Johnson</u>
---	--

Residence (Usual place of abode) Orford Idaho Residence (Usual place of abode) Orford Idaho

If non-resident, give place and State \_\_\_\_\_ If non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 37 Color or race white Age at last Birthday 36

Birthplace Grange Idaho (City and State or County) Birthplace Liberal Missouri (City and State or County)

Occupation Lumber Ranger Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 2. a. M.  
on the date above stated.

(Signature) D. B. Robertson

(Physician or midwife)

Address Orford Idaho

Filed 2-28 1935 H. A. Pham

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 31 1944

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Clearwater  
City of Orofino

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2187

Primary Registration District No. 2187  
Burns Hosp

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hellan J. Gaffney(a) Residence. No. Orofino Ida St. 405 Brown Ave

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7 1934

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, None Baby  
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino (State or country) Idaho

13. NAME John Gaffney

14. BIRTHPLACE (city or town) Weippe (State or country) Idaho

15. MAIDEN NAME Stella Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Gaffney (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL  
Place Orofino Ida Date Feb 8, 1935

19. UNDERTAKER H. A. Shaw (Address)

20. FILED Feb 8, 1935 H. A. Shaw Registrar.

DO NOT WRITE IN THIS SPACE

AIR CITY 92592

State File No. ....

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from  
... 2-7 ..., 1935, to ... 2-7 ..., 1935

I last saw him alive on ... 2-7 ..., 1935, death is said to have occurred on the date stated above, at A ... m.

The principal cause of death and related causes of importance were as follows:

Unknown  
in Utah

Date of onset

Other contributory causes of importance:

Influenza in  
mother

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 1935

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) H. A. Shaw M. D.(Address) Orofino Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH AN UNFADING INK—DO NOT WRITE IN PENCIL OR IN INK THAT IS EASILY ERASABLE.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

RECEIVED MAR 17 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 229829

1. PLACE OF BIRTH  
County of Elmore  
City of Glenris Ferry  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 35 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2021 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

Baby M<sup>c</sup> Cabe (Stillborn)

3. Sex Female (If plural births) 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Yes 7. Legitimate Yes 8. Date of birth 2-3, 1935 (Month, Day, Year)

9. Full name FATHER Ernest H. McCabe

18. Full maiden name MOTHER Lena Hartkopf

10. Residence (usual place of abode) Glenris Ferry Idaho (If non-resident, give place and state)

19. Residence (usual place of abode) Glenris Ferry Idaho (If non-resident, give place and state)

11. Color of hair \_\_\_\_\_ 12. Age at last birthday 7 (years)

20. Color of eyes \_\_\_\_\_ 21. Age at last birthday 34 (years)

13. Birthplace (city or place) La Lamar Idaho (State or country)

22. Birthplace (city or place) Calwell Idaho (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rosemar Hardware

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

16. Date (month and year) last engaged in this work Feb, 1935

25. Date (month and year) last engaged in this work Jan, 1935

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 mo. } months or weeks 30. Cause of stillbirth Prematurity } Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 13 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John W. Davis, M. D.

Give name added from a supplemental report \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address Glenris Ferry

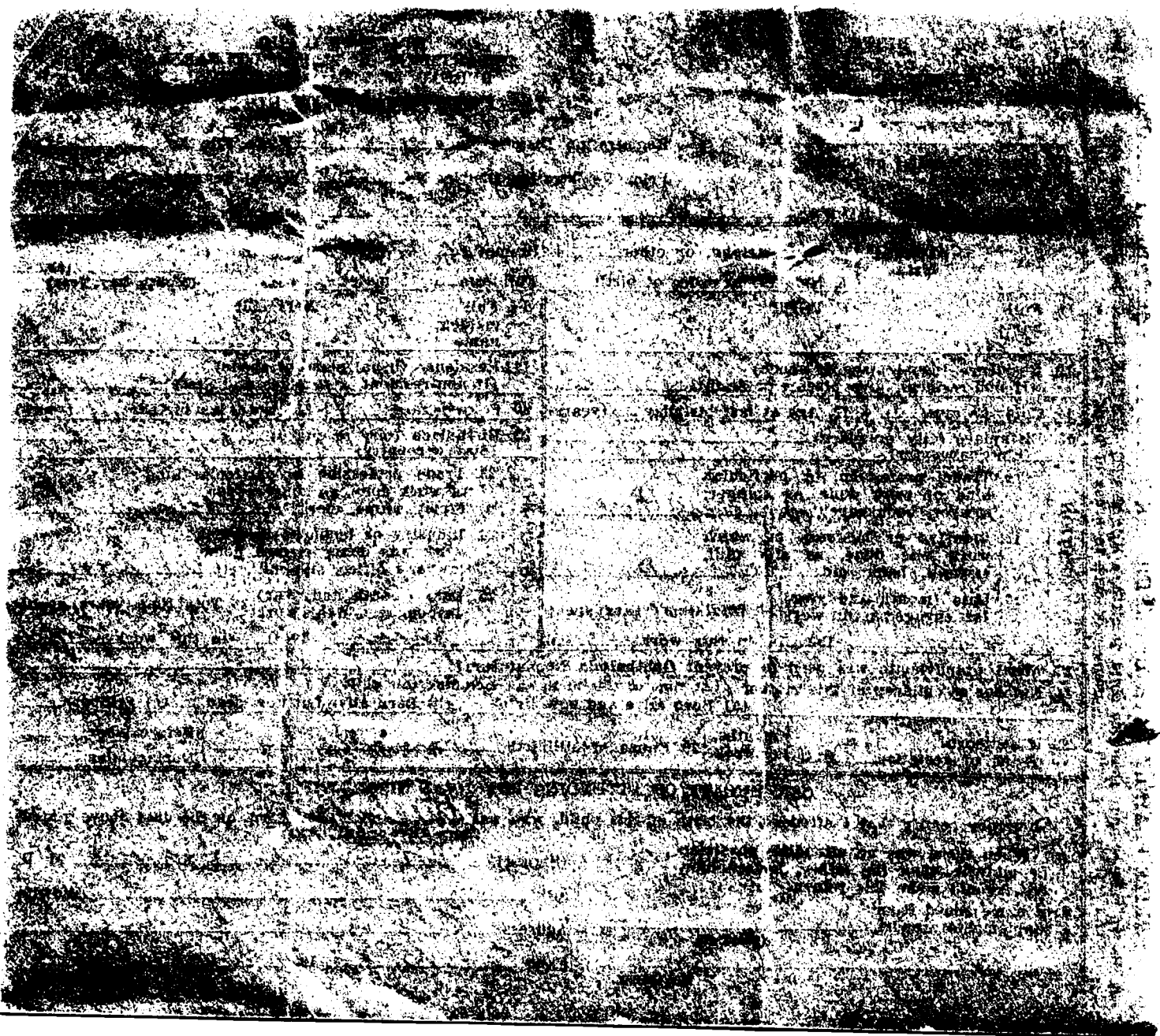
Filed 2-15, 1935 Mrs Mary Sully

(Date of)

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		F IDAHO		State File No. <b>92606</b>	
County of <u>Elmore</u>		City of <u>Idemiss Ferry</u>		Registration District No. <u>35</u>	
		Primary Registration District No. <u>2021</u>		Local Registrar's No. <u>16</u>	
(No. (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby McCabe</u> (Stillborn)					
(a) Residence. No. _____ St. _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb 3 - 1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Idemiss Ferry Ida</u>				
	13. NAME <u>Ernest McCabe</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idemiss Ferry Ida</u>				
	15. MAIDEN NAME <u>Lena Hartkopf</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Caldwell Idaho</u>				
	17. INFORMANT (Address) <u>Ernest McCabe</u>				
	18. BURIAL INFORMATION, OR REMOVAL Place <u>Idemiss Ferry</u> Date <u>Feb 4, 1935</u>				
	19. UNDERTAKER (Address) <u>G. C. Hartkopf</u>				
20. FILED <u>Feb 4, 1935</u> <u>Mrs. Mary Sullivan</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Feb 3 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: _____ Date of onset _____					
Other contributory causes of importance: <u>Prematurity</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. W. Davis, M.D.</u>					
(Address) <u>Idemiss Ferry Ida</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

653-212-026-415

1985

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

229917

1. PLACE OF BIRTH  
County of Jefferson  
City of Payson  
No. 21-31 St. 21-31

Registration District No. 98 State File No. 2176  
Prim. Registration District No. 2176 Local Registrar's No. 34

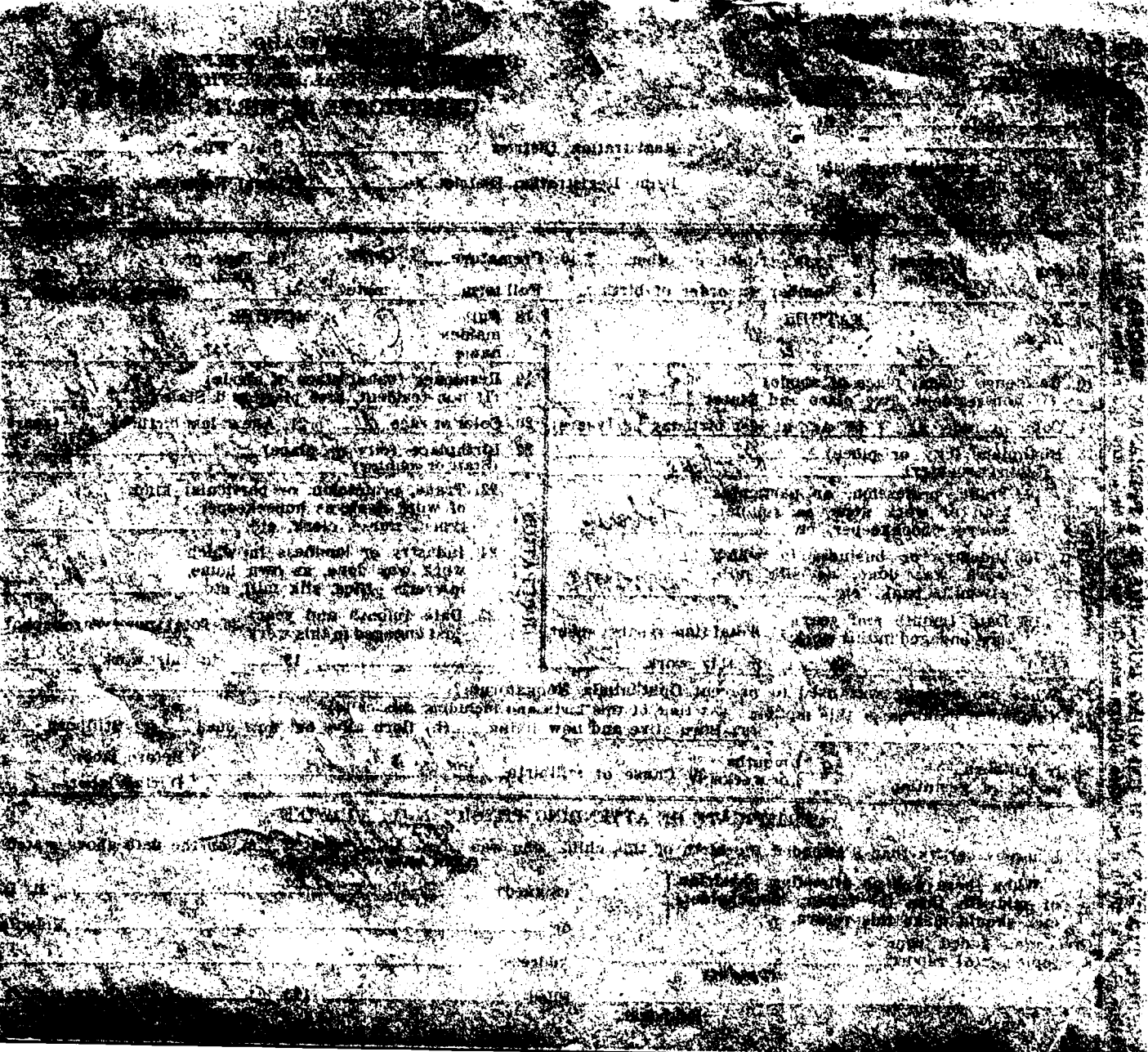
(If born in hospital or institution give name.)  
**RECEIVED**

2. FULL NAME OF CHILD	
3. Sex <u>Female</u> If plural births	4. Twin, triplet, or other <u>X</u>
5. Number, in order of birth <u>1</u>	6. Premature <u>X</u>
7. Legitimate <u>yes</u>	8. Date of birth <u>2-12-1935</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Harry S. Fell</u>	18. Full maiden name <u>MOTHER</u> <u>Selma Danilsson</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payson</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payson</u>
11. Color or race <u>W.</u>	12. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) (State or country) <u>England</u>	22. Birthplace (city or place) (State or country) <u>Payson, Jefferson Co.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Solarus</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housekeeping</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent last engaged in this work
19. in this work	19. in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>3</u>	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>9</u> months or weeks	30. Cause of stillbirth <u>Hydrocephalic</u>
Before labor <u>✓</u> During labor <u>✓</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report Payson Idaho  
(Date of) 2-12-1935  
Registrar. W. E. Schuchert



RECEIVED MAR 15 1936

## PLACE OF DEATH

County of Jefferson  
 City of Rigby -3

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Fell

(a) Residence. No. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Babe

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 12, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.) .....  
 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) La Belle  
 (State or country) Idaho

13. NAME Harry S. Fell

14. BIRTHPLACE (city or town) England  
 (State or country) .....

15. MAIDEN NAME Selma Danielson

16. BIRTHPLACE (city or town) Garfield  
 (State or country) Idaho

17. INFORMANT Harry S. Fell  
 (Address) Rigby, Idaho R3

18. BURIAL, CREMATION OR REMOVAL  
 Place Rigby, Idaho Date Feb. 13, 1935

19. UNDERTAKER none  
 (Address) .....

20. FILED Feb 12, 1935 W. E. Eckhardt  
 Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 92642Local Registrar's No. 9

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-12-1935

22. I HEREBY CERTIFY, That I attended deceased from  
2-12-1935, to 2-12-1935

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.  
 The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Hydrocephalus

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..., 193...

Where did injury occur?.....  
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. E. Eckhardt M. D.(Address) Rigby, Idaho

MARGIN RESERVED FOR BINDING  
 N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED FEB 20 1935		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		229970
1. PLACE OF BIRTH County of <u>Latah</u> City of <u>Pottlatch</u> No. <u>754-209-029-819</u> St. <u>65</u>		Registration District No. <u>65</u> State File No. <u>S</u>		
(If born in hospital or institution give name.)		Prim. Registrar District No. <u>2145</u> Local Registrar's No. _____		
2. FULL NAME OF CHILD <u>Bernice Marlene Tompkins</u>				
3. Sex <u>F</u> If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Jan 9, 1935</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Wesley F. Tompkins</u>		18. Full maiden name MOTHER <u>Della Haines</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pottlatch</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pottlatch</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>43</u> (years)		20. Color or race <u>W</u>
13. Birthplace (city or place) (State or country) <u>Washington</u>		22. Birthplace (city or place) (State or country) <u>Washington</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Lumbermill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work <u>Dec 1934</u>		25. Date (month and year) last engaged in this work <u>Nov 1934</u>	
17. Total time (years) spent in this work <u>5</u>		26. Total time (years) spent in this work <u>4</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>				
28. If stillborn, full term _____ months _____ or weeks _____		29. Cause of stillbirth <u>14 lb for nothing present</u>		
Before labor _____		During labor <u>✓</u>		

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. K. Wolfe, M. D.

or \_\_\_\_\_, Midwife

Address Palouse Wash

Filed Jan 12, 1935 J. J. Thompson

Registrar.

Registrar.





N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 1935  
PLACE OF DEATH  
County of Latah  
City of Potlatch

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 92675Registration District No. page 65Primary Registration District No. 652145 Local Registrar's No. \_\_\_\_\_(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Bernice Marlene Temprow

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 9, 1934

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) Potlatch Idaho

11. Total time (years) spent in this occupation Potlatch Idaho

12. BIRTHPLACE (city or town) Potlatch  
(State or country) Idaho

13. NAME Wesley F. Temprow

14. BIRTHPLACE (city or town) Palouse  
(State or country) Wash.

15. MAIDEN NAME Della Haynes

16. BIRTHPLACE (city or town) Penawawa  
(State or country) Wash.

17. INFORMANT Wesley F. Temprow  
(Address) Potlatch, Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Palouse, Wash. Date Jan. 10, 1935

19. UNDERTAKER H. E. Kimball  
(Address) Palouse, Wash.

20. FILED Jan 10, 1935 S. D. Jr. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9 1935

22. I HEREBY CERTIFY, That I attended deceased from from attended her, 193....  
I last saw h.... alive on ....., 193....; death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... No, specify

(Signed) E. R. Kelly M. D.(Address) Palouse, Wash.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				229988
County of <u>Latah</u>			Registration District No. <u>16</u>				State File No. <u>S</u>
City of _____			Prim. Registration District No. _____				Local Registrar's No. <u>24</u>
No. <u>713-210032-433</u>			St. _____				
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Baby Patton</u>							
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other <u>✓</u>	5. Number, in order of birth <u>✓</u>	6. Premature <u>Yes</u>	7. Legiti- mate <u>Yes</u>	8. Date of birth <u>1/10 1935</u> (Month, Day, Year)	
9. Full name <u>Frank Jefferson Patton</u>			18. Full maiden name <u>Vienna McCain</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone</u>			19. Residence (usual place of abode) (If non-resident, give place and State) _____				
11. Color or race <u>White</u>			12. Age at last birthday <u>29</u> (years)		20. Color or race <u>White</u>		
13. Birthplace (city or place) (State or country) <u>Idaho</u>			21. Age at last birthday <u>29</u> (years)		22. Birthplace (city or place) (State or country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____				
16. Date (month and year) last engaged in this work _____			17. Total time (years) spent _____		25. Date (month and year) last engaged in this work _____		
19. _____			in this work _____		26. Total time (years) spent _____		
in this work _____							
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) <u>2</u>							
(a) Born alive and now living <u>one</u> (b) Born alive but now dead _____ (c) Stillborn <u>one</u>							
29. If stillborn, period of gestation <u>6</u> months or weeks			30. Cause of stillbirth <u>Auto. Postura Hemorrhage</u>				
			Before labor _____				
			During labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Electron at 2 m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

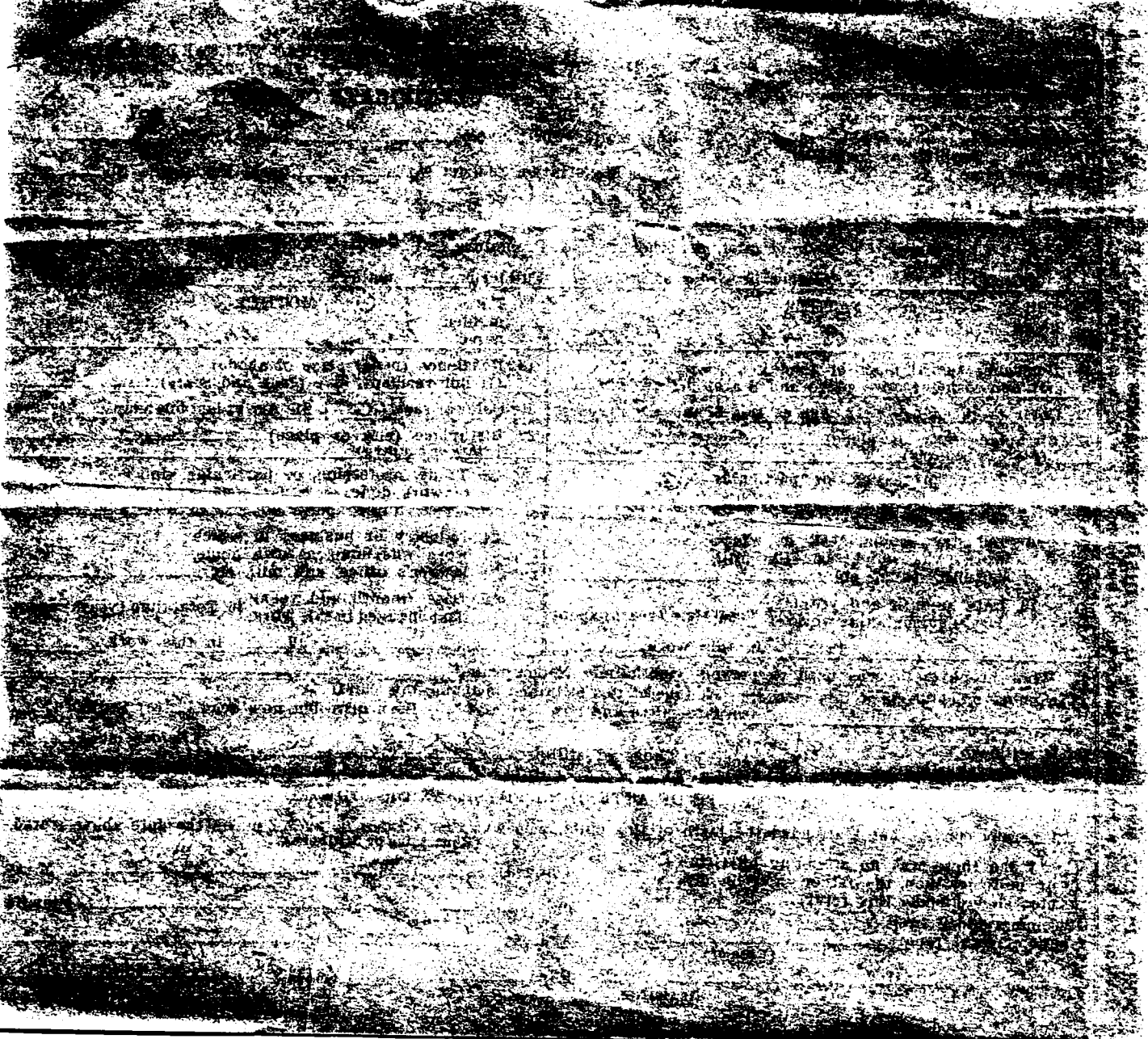
(Signed) L. J. Patton, M. D.

or \_\_\_\_\_, Midwife

Address Shoshone

Filed 1/11, 1935

Registrar. B. J. Patton



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 3 1 1935

## PLACE OF DEATH

County of LyonCity of HudsonSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE

State File No. 92689Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME

(a) Residence. No. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White5. Single, Married, Widowed or Divorced (write the word) Mar.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 11/0/25

7. AGE

Years

Months

Days

If LESS than  
1 day, ... hrs.  
or ... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last work-  
ed at this occupation  
(mo. and yr.)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place. .... Date. ...., 193..

19. UNDERTAKER  
(Address)20. FILED 1/11, 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/10 193522. I HEREBY CERTIFY, That I attended deceased from  
Jan. 10, 1935, to Jan. 10, 1935.I last saw h. alive on ..... 193...; death is said  
to have occurred on the date stated above, at 12... a.m.The principal cause of death and related causes of impor-  
tance were as follows:Still Born

Date of onset

Other contributory causes of importance:

Name of operation. .... Date of. ....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also  
the following:

Accident, suicide, or homicide? ... Date of injury., 193..

Where did injury occur? ...  
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in  
public place.

Manner of injury. ....

Nature of injury. ....

24. Was disease or injury in any way related to occupation  
of deceased? ... If so, specify(Signed) [Signature] M. D.(Address) [Address]

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

155-111-033-554

1. PLACE OF BIRTH  
County of Idaho  
City of Idaho  
No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

230002  
S

Registration District No. 100 State File No. \_\_\_\_\_  
Prim. Registration District No. 2178 Local Registrar's No. 37

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate <u>Yes</u>	8. Date of birth <u>Feb. 11, 1935</u> (Month, Day, Year)
9. Full name <u>Wm. L. Jernigan</u>	FATHER			18. Full maiden name <u>Cuma Endgale</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)	22. Birthplace (city or place) (State or country)	<u>Germany</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Born on farm</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work				26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN

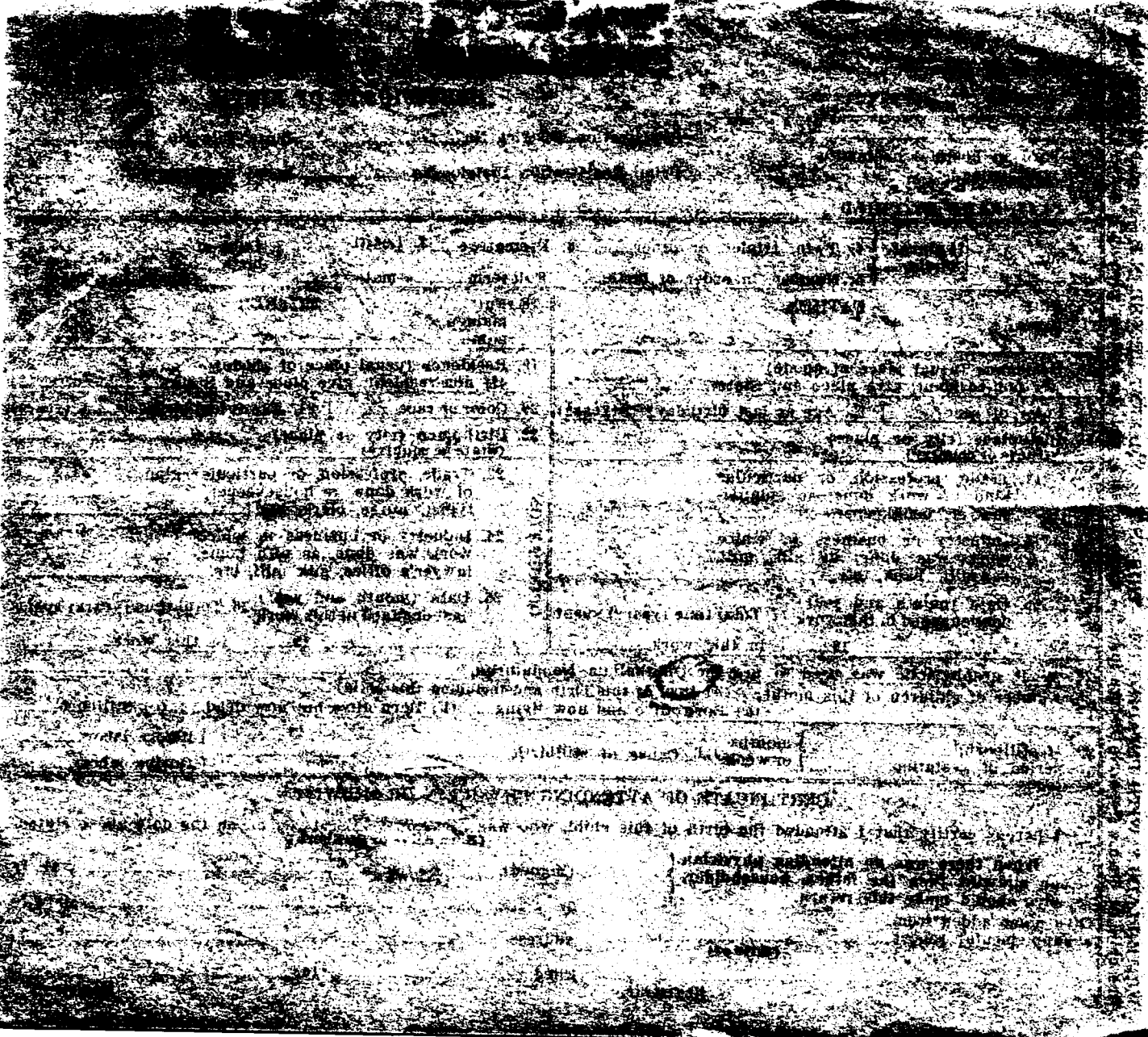
I hereby certify that I attended the birth of this child, who was born at 1:45 P. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) H. B. Hight, M. D.  
or \_\_\_\_\_, Midwife  
Address Idaho  
Filed 3-5-, 1935 Wm. H. Hight Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Madison  
City of Salem

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 92695Registration District No. 100Primary Registration District No. 2178 Local Registrar's No. 10

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harry Jensen(a) Residence. No. Salem Idaho St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Whiten 5. Single, Married, Widow, ed or Divorced (write the word) Still Born

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
Feb. 11, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, Still Born  
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salem  
(State or country) Idaho

13. NAME William L. Jensen

14. BIRTHPLACE (city or town) Salem  
(State or country) Idaho

15. MAIDEN NAME Emma Enderle

16. BIRTHPLACE (city or town) Germany  
(State or country) .....

17. INFORMANT Wm. Jensen  
(Address) Salem Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Rexburg Cemetery Date 2/12, 1935

19. UNDERTAKER None  
(Address) .....

20. FILED 3-9-1935 Mrs. H. E. Young  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 193....., to ..... 193.....

I last saw h.... alive on ..... 193....; death is said to have occurred on the date stated above, at 11:58 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn  
Card rapped around  
neck twice and asphyxiated  
during second stage

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) H. E. Young M. D.(Address) Rexburg

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

# PLACE OF BIRTH

County of San Perea  
City of Hemphill

No. 1504 Main St.

White Hospital  
(If born in hospital or institution  
give name.)

FULL NAME OF CHILD

Registration District No. 1229 State File No. S

Prim. Registration District No. 76 Local Registrar's No. Cannon

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins? <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Feb 11 1935</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead None Stillborn Yes

FATHER	MOTHER
FULL NAME <u>John Allen Cannon</u>	FULL NAME <u>June Jane Lupinacci</u>
Residence (Usual place of abode) <u>Clatsop, Wash</u>	Residence (Usual place of abode) <u>Clatsop, Wash</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>White</u> Age at last Birthday <u>22</u> (Years)	Color or race <u>Italian</u> Age at last Birthday <u>18</u> (Years)
Birthplace <u>Canada</u> (City and State or County)	Birthplace <u>Spokane, Wash</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn Dead alive at Feb 11, 1935 (8:30 PM) on the date above stated.

(Signature) E. L. White  
(Physician or midwife)

Address Law  
Filed 3/11 1935 J. M. Lyle Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NO DC

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED MAY 4 1985

1. PLACE OF BIRTH  
County of Shoshone  
City of Arroyo  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 230082  
CERTIFICATE OF BIRTH **S**

Registration District No. 127 State File No. \_\_\_\_\_  
Prim. Registration District No. 2400 Local Registrar's No. 25

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD No name

3. Sex Male If plural births } 4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth February 7 1934  
(MONTH, DAY, YEAR)

9. Full name FATHER  
Mrs. George Sargent

18. Full maiden name MOTHER  
Gladys Marguerite Lewis

10. Residence (usual place of abode)  
(If non-resident, give place and State) Arroyo, Ida.

19. Residence (usual place of abode)  
(If non-resident, give place and State) Arroyo, Ida.

11. Color or race White 12. Age at last birthday 42 (years)

20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place)  
(State or country) Boston, Mass.

22. Birthplace (city or place)  
(State or country) Berlin, Wisconsin

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Restaurant

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Manager of Restaurant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railway Station Dining Room

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Dining Room

16. Date (month and year) last engaged in this work Feb. 15, 1934

25. Date (month and year) last engaged in this work Feb. 6th, 1934

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation 10 months or weeks 29. Cause of stillbirth Asphyxiation from Cord Before labor \_\_\_\_\_ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Stillborn) 2 a m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) C. B. Buehler, M. D.

or \_\_\_\_\_, Midwife

Address Arroyo, Idaho

Filed Feb. 15, 1934 C. B. Buehler

Registrar.

Registrar.

[illegible][illegible]

DECLASSIFIED BY NO ST-011712

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1. The first part of the report is a general statement of the work done in the laboratory during the year. This is followed by a detailed account of the work done in each of the four departments. The first department is the Physical Chemistry Department, which has been under the direction of Dr. J. H. Plesch. The second department is the Organic Chemistry Department, which has been under the direction of Dr. R. B. Woodward. The third department is the Inorganic Chemistry Department, which has been under the direction of Dr. H. H. Cotton. The fourth department is the Analytical Chemistry Department, which has been under the direction of Dr. J. E. H. Smith. The report concludes with a summary of the work done in the laboratory during the year and a list of the publications of the members of the staff.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>	City of <u>Arroy</u>	CERTIFICATE OF DEATH		State File No. <u>92754</u>	
Registration District No. <u>127</u>		Primary Registration District No. <u>2400</u>		Local Registrar's No. <u>32</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>No name</u>					
(a) Residence. No. <u>                    </u> St. <u>                    </u>					
(Usual place of abode) (If nonresident give city or town and state).					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color of Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>February 7th 1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Arroy, Idaho</u> (State or country)					
MOTHER/FATHER	13. NAME <u>M. G. Sargent</u>				
	14. BIRTHPLACE (city or town) <u>Boston, Mass.</u> (State or country)				
	15. MAIDEN NAME <u>Gladys M. Lewis</u>				
	16. BIRTHPLACE (city or town) <u>Boston, Mass.</u> (State or country)				
17. INFORMANT <u>M. G. Sargent</u> (Address) <u>Arroy - 24th</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Arroy, 24th</u> Date <u>Feb. 7, 1935</u>					
19. UNDERTAKER <u>No name</u> (Address)					
20. FILED <u>Feb. 7, 1935</u> <u>1030</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Feb. 7, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>from Feb. 7th, 1935</u> to <u>Feb. 7, 1935</u> , 193... I last saw him <u>alive</u> on <u>Feb. 7, 1935</u> ; death is said to have occurred on the date stated above, at about <u>2 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Asphyxiation from strangulation of umbilical cord</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>No name</u> Date of <u>                    </u>					
What test confirmed diagnosis? <u>                    </u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>                    </u> Date of injury <u>                    </u> , 193... Where did injury occur? <u>                    </u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>					
Manner of injury <u>                    </u>					
Nature of injury <u>                    </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>                    </u> If so, specify <u>                    </u>					
(Signed) <u>M. G. Sargent, M. D.</u> (Address) <u>Arroy - 24th</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

795-208-04-319

PLACE OF BIRTH

County of Leton  
City of Driggs  
No.        St.       

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

230088

Registration District No. 77 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 2176 Local Registrar's No. a

FULL NAME OF CHILD Melba Ray Green

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>      </u>	and	Number in order of birth <u>      </u>	Legitimate? <u>yes</u>	Date of birth <u>Jan 9</u> , 19 <u>35</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?       

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 1

FATHER  
FULL NAME Clinton Green  
Residence (Usual place of abode) Felt Idaho  
If non-resident, give place and State         
Color or race white Age at last birthday 24 (Years)  
Birthplace Idaho (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Helia Larsen  
Residence (Usual place of abode) Felt Idaho  
If non-resident, give place and State         
Color or race white Age at last birthday 21 (Years)  
Birthplace Idaho (City and State or County)  
Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 12:45 p.m. on the date above stated.

(Signature) [Signature]

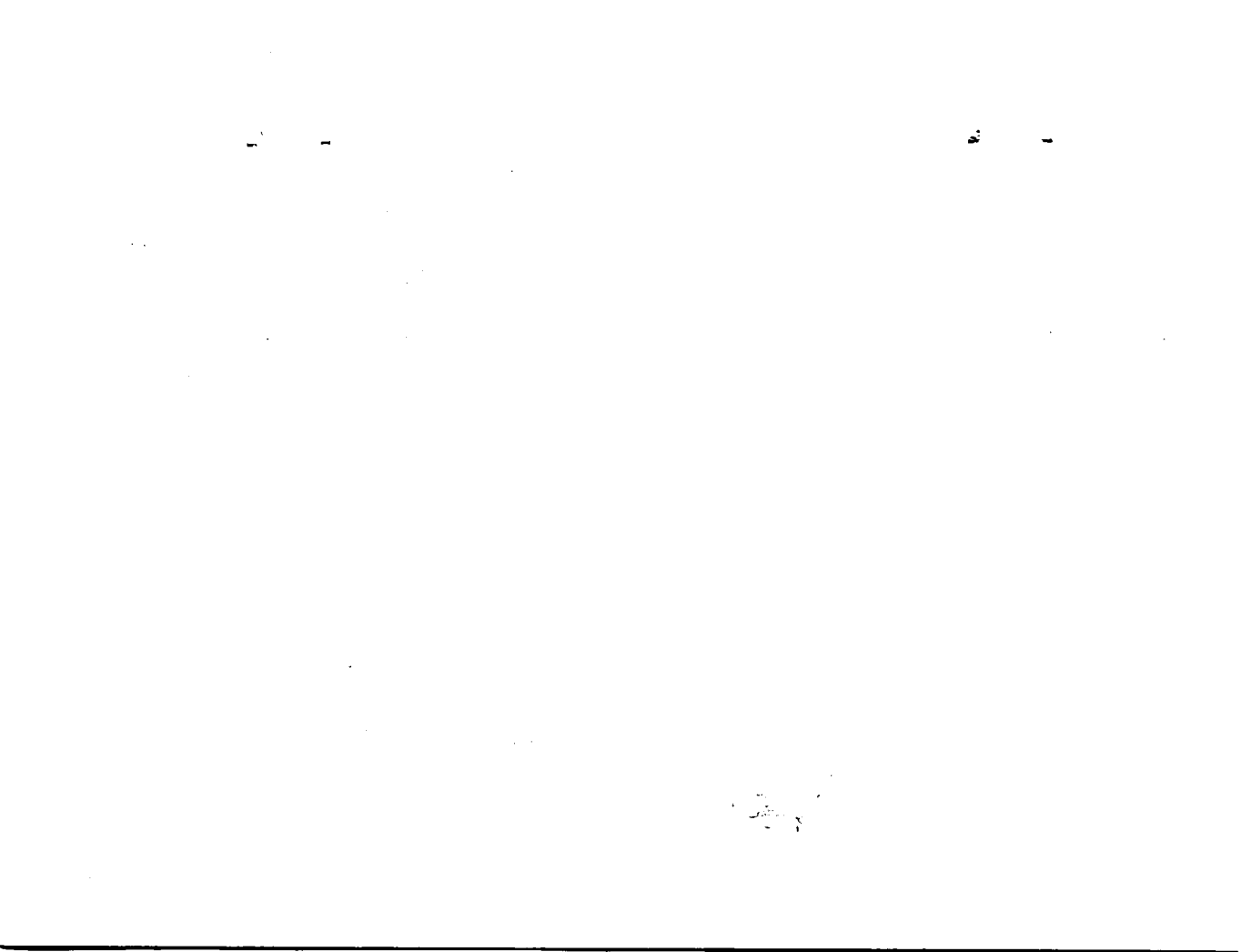
(Physician or midwife)

Address Driggs Idaho

Filed Mar 12 1935 Alie M Greene

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of TetonCity of Driggs,STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 92341Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Melba Kay Green(a) Residence. No. Felt Idaho St. 206(If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days Jan 9, 1935 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Driggs (State or country)13. NAME Clinton Green14. BIRTHPLACE (city or town) Ida Farm (State or country)15. MAIDEN NAME Delia Larben16. BIRTHPLACE (city or town) Darby (State or country) Idaho17. INFORMANT (Address) Clinton Green Felt Idaho18. BURIAL, CREMATION OR REMOVAL Place Darby, Ida. Date 1-10-1935

19. UNDERTAKER (Address)

20. FILED 1-10-1935 Abie M. Greene Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-9-193522. I HEREBY CERTIFY That I attended deceased from 1-7-1935 to 1-9-1935 193...I last saw he alive on 1-7-1935 193... death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows

Phil

Other contributory causes of importance:

Name of operation Phil Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Abie M. Greene M. D. (Address) Driggs, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH .

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

945-226-042-293

1. PLACE OF BIRTH  
County of Juwa Falls  
City of Juwa Falls  
No. St.  
County General Hospital  
(If born in hospital or institution give name)  
Registration District No. 37 State Ida No. S  
Prim. Registration District No. 2085 Local Registrar's No. 71

2. FULL NAME OF CHILD Sandra Jean Mink

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>0</u>	5. Premature <u>0</u>	6. Legiti- <u>0</u>	7. Date of birth <u>January 5 1935</u> (Month, Day, Year)
8. Full name <u>Chester Long Mink</u>	9. FATHER		10. Full maiden name <u>Rodney Leth Mink</u>	
11. Residence (usual place of abode) (If non-resident, give place and State) <u>Juwa Falls, Idaho</u>		12. Residence (usual place of abode) (If non-resident, give place and State) <u>Juwa Falls, Idaho</u>		
13. Color or race <u>W</u>		14. Age at last birthday <u>25</u> (years)		
15. Birthplace (city or place) (State or country) <u>Juwa Falls, Idaho</u>		16. Birthplace (city or place) (State or country) <u>Juwa Falls, Idaho</u>		
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>		18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Prof.</u>		
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>High School</u>		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own house</u>		
21. Date (month and year) last engaged in this work <u>January, 1935</u>		22. Total time (years) spent last engaged in this work <u>7 yrs</u>		
23. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>		24. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living (b) Born alive but now dead (c) Stillborn		
25. If stillborn, period of gestation <u>9 1/2</u> months or weeks		26. Cause of stillbirth <u>Rough, Squeezing</u> Before labor (d) During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 25 am on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report  
(Date of)

(Signed) A. L. Hunsden, M. D.

or Midwife

Address Juwa Falls, Idaho

Filed Mar. 9, 1935

Registrar



(Address) Twin Falls Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

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*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219-119-042-151 **RECEIVED MAR 11 1935**

1. PLACE OF BIRTH  
County of Twin Falls  
City of Twin Falls  
No. County General Hospital St. \_\_\_\_\_  
(If born in hospital or institution give name.)  
Registration District No. 37 State File No. 230114  
Prim. Registration District No. 2085 Local Registrar's No. 73

2. FULL NAME OF CHILD Jaune Charles Barlow

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other. <u>0</u>	5. Premature <u>0</u>	6. Legiti- mate <u>yes</u>	7. Date of birth <u>January 1935</u> (Month, day, year)
5. Number, in order of birth <u>0</u>					

9. Full name <u>Bess Diana Barlow</u>	FATHER	18. Full maiden name <u>Mildred Jean</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hazletton, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hazletton, Idaho</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>22</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) (State or country) <u>Jackson, Mississippi</u>		22. Birthplace (city or place) (State or country) <u>Herman, Texas</u>	
14. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. <u>Bean Buyer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Class teacher</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Barlow Hardware</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Grade School</u>	
16. Date (month and year) last engaged in this work <u>January, 1935</u>	17. Total time (years) spent in this work <u>1 yrs</u>	25. Date (month and year) last engaged in this work <u>January, 1932</u>	26. Total time (years) spent in this work <u>1 yr</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ months or weeks			
30. Cause of stillbirth <u>Large baby</u> Before labor _____ During labor _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

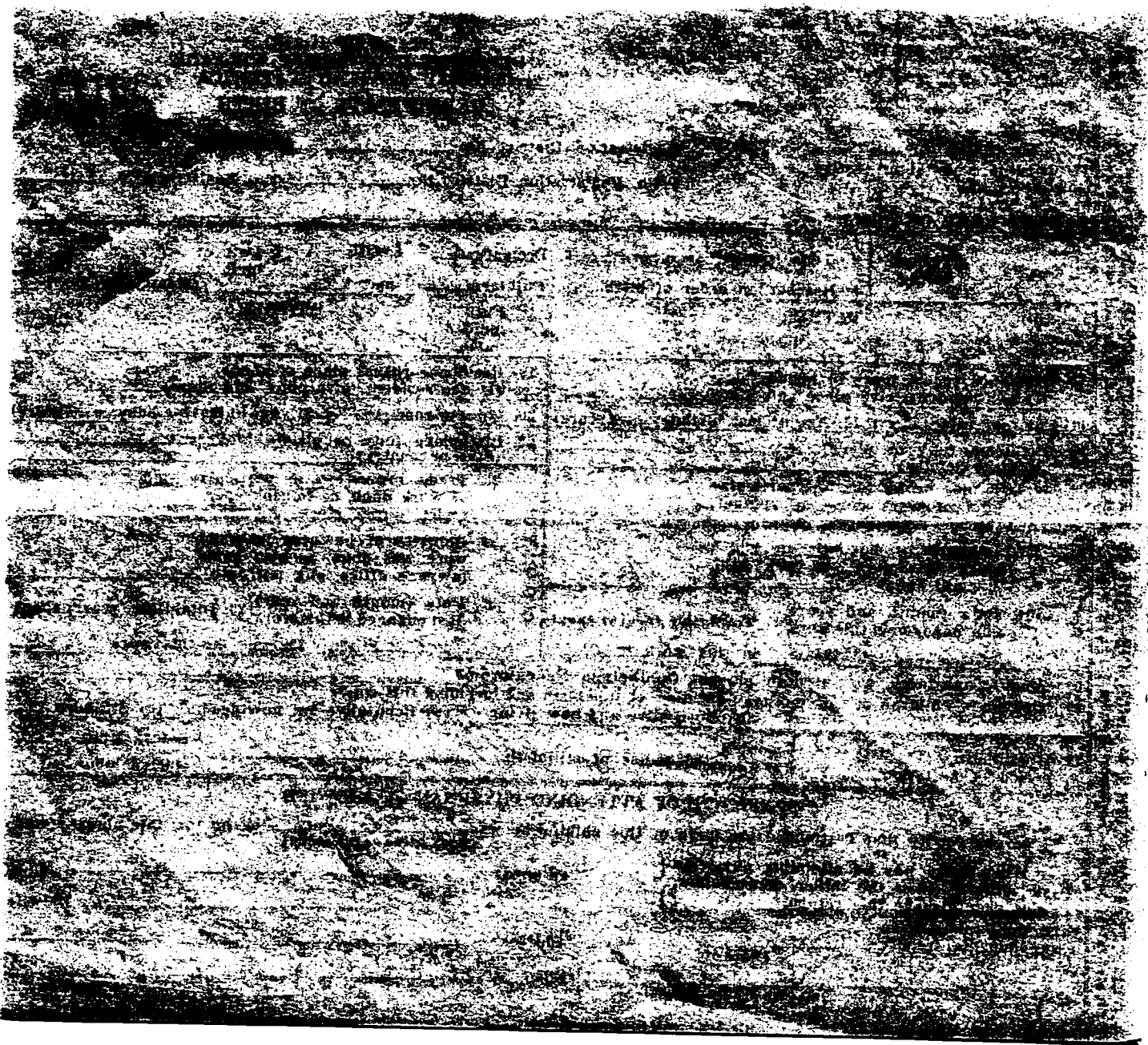
I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. Paul, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Twin Falls, Idaho  
Filed Mar. 9, 1935  
Registrar. W. H. H. H. H.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 12 1935  
PLACE OF DEATH  
County of Twin Falls, Idaho  
City of Twin Falls, Idaho

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 92353

Registration District No. 31Primary Registration District No. 1082Local Registrar's No. 13

(If death occurred in a hospital or institution, give its name instead of street and number)  
Twin Falls Co. Gen. Hospital

2. FULL NAME Jean Charles Barlow(a) Residence No. 250 9th Ave North, St. 

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 19, 1935 Stillborn

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... Twin Falls, Idaho  
(State or country)

13. NAME Bert D. Barlow

14. BIRTHPLACE (city or town) Jackson, Miss.  
(State or country)

15. MAIDEN NAME Mildered Anna Jean

16. BIRTHPLACE (city or town) Sherman, Texas  
(State or country)

17. INFORMANT Bert D. Barlow  
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Twin Falls, Idaho date 1-20, 1935

19. UNDERTAKER White Mortuary, Inc.  
(Address) Twin Falls, Idaho

20. FILED Jan 19, 1935 Twin Falls, Idaho  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-29-35 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1935, to ..... 1935.

I last saw him live on ..... 1935 death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Still born due to small position and large baby.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) H. E. Daryl M. D.(Address) Twin Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.**

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

11 1900

1. PLACE OF BIRTH  
County of Franklin  
City of Franklin  
No. 111 St. 111

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Roy Lerdig

3. Sex Male (If plural births) 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature X Full term. 7. Legitimate? Yes 8. Date of birth 3-2-1900 (Month, Day, Year)

9. Full name FATHER Merwin Lerdig 10. Residence (usual place of abode) (If non-resident, give place and State) Gooding 11. Color or race White 12. Age at last birthday 28 (years) 13. Birthplace (city or place) (State or country) Franklin, Idaho 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work Mar 1935 17. Total time (years) spent in this work 10 yrs

18. Full maiden name MOTHER Frances Agnes Edwards 19. Residence (usual place of abode) (If non-resident, give place and State) Gooding 20. Color or race White 21. Age at last birthday 25 (years) 22. Birthplace (city or place) (State or country) Franklin, Idaho 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work Mar 1935 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 2

29. If stillborn, period of gestation 8 months or weeks 30. Cause of stillbirth Flu in mother Before labor. During labor.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was stillborn at 1:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from  
a supplemental report.

(Date of)

**Registrar.**

(Signed) D. B. Jennings, M. D.

or ..... Midwife

**Address**

Filed....., 1935.....

## Illustration



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 11 1935  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92760

County of Twin Falls  
City of Twin Falls

Registration District No. 37

Local Registrar's No. 39

Primary Registration District No. 2085

(No. Montooth Maternity Home)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Baby  
(Usual place of abode)

St. Gooding, Idaho

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cauc 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3-2-35

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls  
(State or country) Ida

10. NAME OF FATHER Merwin Leding

11. BIRTHPLACE OF FATHER (city or town) Graham County, Kans.  
(State or Country)

12. MAIDEN NAME OF MOTHER Frances Agnes Edinborough

13. BIRTHPLACE OF MOTHER (city or town) Graham County  
(State or Country) Kansas

14. Informant Father  
(Address)

15. Filed March 2nd 1935 J. P. Humphrey  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March - 2nd 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-2- to 3-2-35, 1935  
that I last saw him alive on 3-2-35, 1935  
and that death occurred, on the date stated above, at 1:20 P. m.  
The CAUSE OF DEATH\* was as follows:

Macerated 8 mos fetus  
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fetal death following flu in mother  
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. B. Freundlich M. D.

March 2, 1935 (Address) 228 May Ave. S.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Gooding Idaho Date of Burial March 2nd 1935

20. Parent Address



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH.**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

**spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated **unknown.**

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. RECEIVED MAR 7 1935

County of Twin Falls  
City of Buhl  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

Registration District No. 39 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2087 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD none

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 12</u> , 193 <u>5</u> (MONTH, DAY, YEAR)
9. Full name <u>Ivan S. Coley</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>	5. Number, in order of birth _____		Full term _____		18. Full maiden name <u>Clara McMurdie</u>
11. Color or race <u>W.</u>	12. Age at last birthday <u>22</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or country) <u>Utah</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		22. Birthplace (city or place) (State or country) <u>Utah</u>		
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth <u>No apparent cause</u>		Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murphy, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

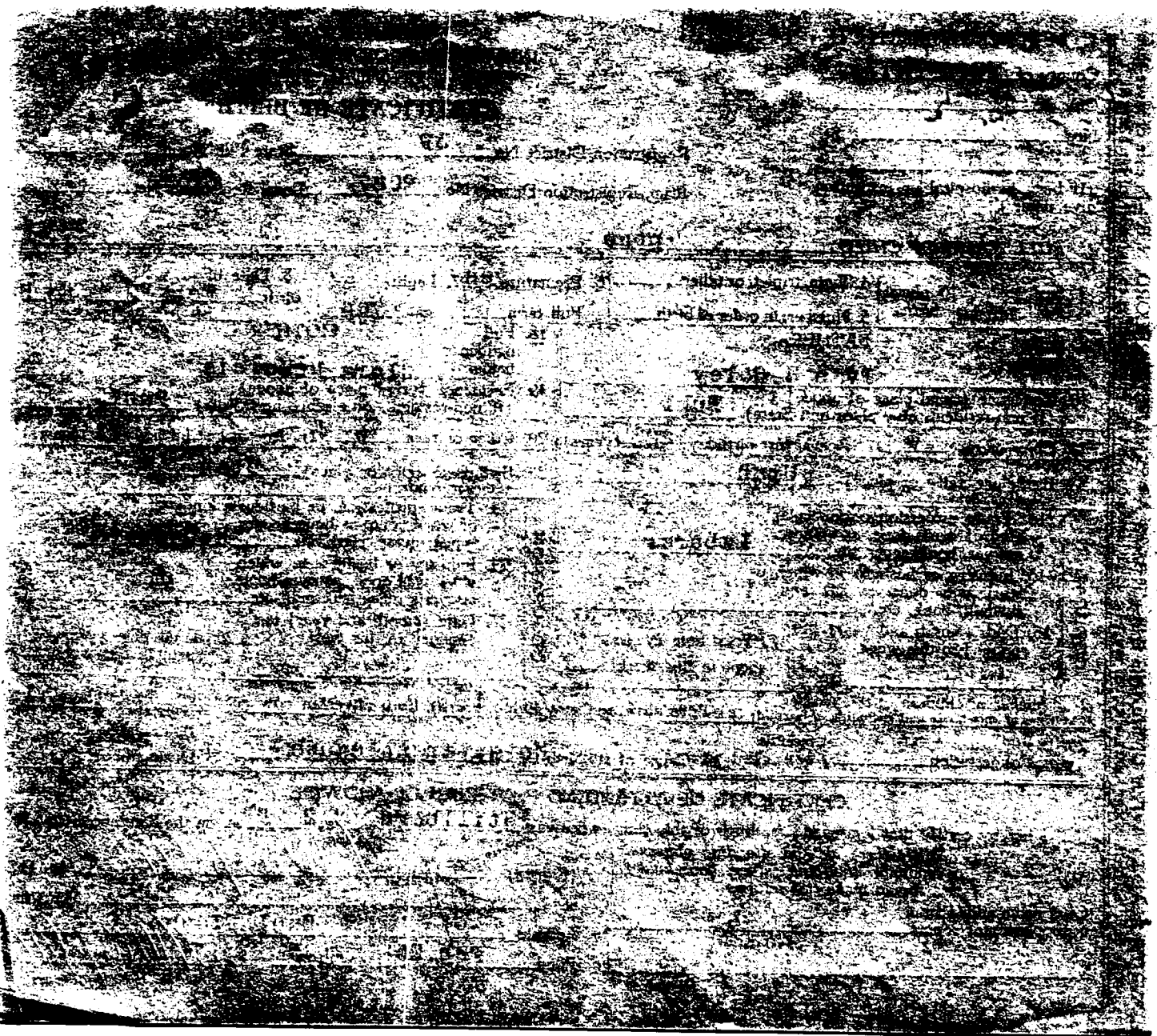
(DATE OF)

Address Buhl Idaho

Filed Feb. 25, 1935

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH

1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Twin Falls

## CERTIFICATE OF DEATH

State File No. 92775City of BuhlRegistration District No. 30Primary Registration District No. 7087

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Weller

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Weller

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than  
1 day, hrs. or min. Weller8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Weller9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) P. & D. Buhl, Ida.  
(State or country)13. NAME J. D. Colay14. BIRTHPLACE (city or town)  
(State or country) Utah15. MAIDEN NAME Clara16. BIRTHPLACE (city or town)  
(State or country) Utah17. INFORMANT J. S. Colay  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place at home Date 7-12, 193519. UNDERTAKER Weller  
(Address)20. FILED 7-12, 1935 J. S. Colay  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Feb. 12, 1935, to \_\_\_\_\_, 1935I last saw him alive on \_\_\_\_\_, 1935: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance

were as follows:

Died up Ulcers.  
No apparent cause

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. S. Colay, M. D.(Address) Buhl, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH APR 1 1 1935

County of Ada  
City of Boise  
No. St. Luke's Hosp. St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

230257

Registration District No. 11 State File No. 11

Prim. Registration District No. 2003 Local Registrar's No. 20

2. FULL NAME OF CHILD unnamed

3. Sex M 4. Twin, triplet, or other births 5. Number, in order of birth 1  
6. Premature Full term 7. Legitimate? mate? 8. Date of birth April 1, 1935  
(Month, Day, Year)

9. Full name FATHER Nelson Elmer Van  
10. Residence (usual place of abode) Mundian  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 42 (years)  
13. Birthplace (city or place) Garwin  
(State or country) Iowa

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. shh  
16. Date (month and year) last engaged in this work April 1, 1935  
17. Total time (years) spent in this work 22

18. Full maiden name MOTHER Miss Abeline Yates  
19. Residence (usual place of abode) Mundian  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 34 (years)  
22. Birthplace (city or place) Josquin Texas  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home  
25. Date (month and year) last engaged in this work April 1, 1935  
26. Total time (years) spent in this work 18 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes  
28. Number of children of this mother (At time of this birth and including this child) 4  
(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 1  
29. If stillborn, period of gestation 8 1/2 months or weeks 30. Cause of stillbirth Anemia of mother  
{ Before labor ✓  
{ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was SLIP at 12 a.m. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

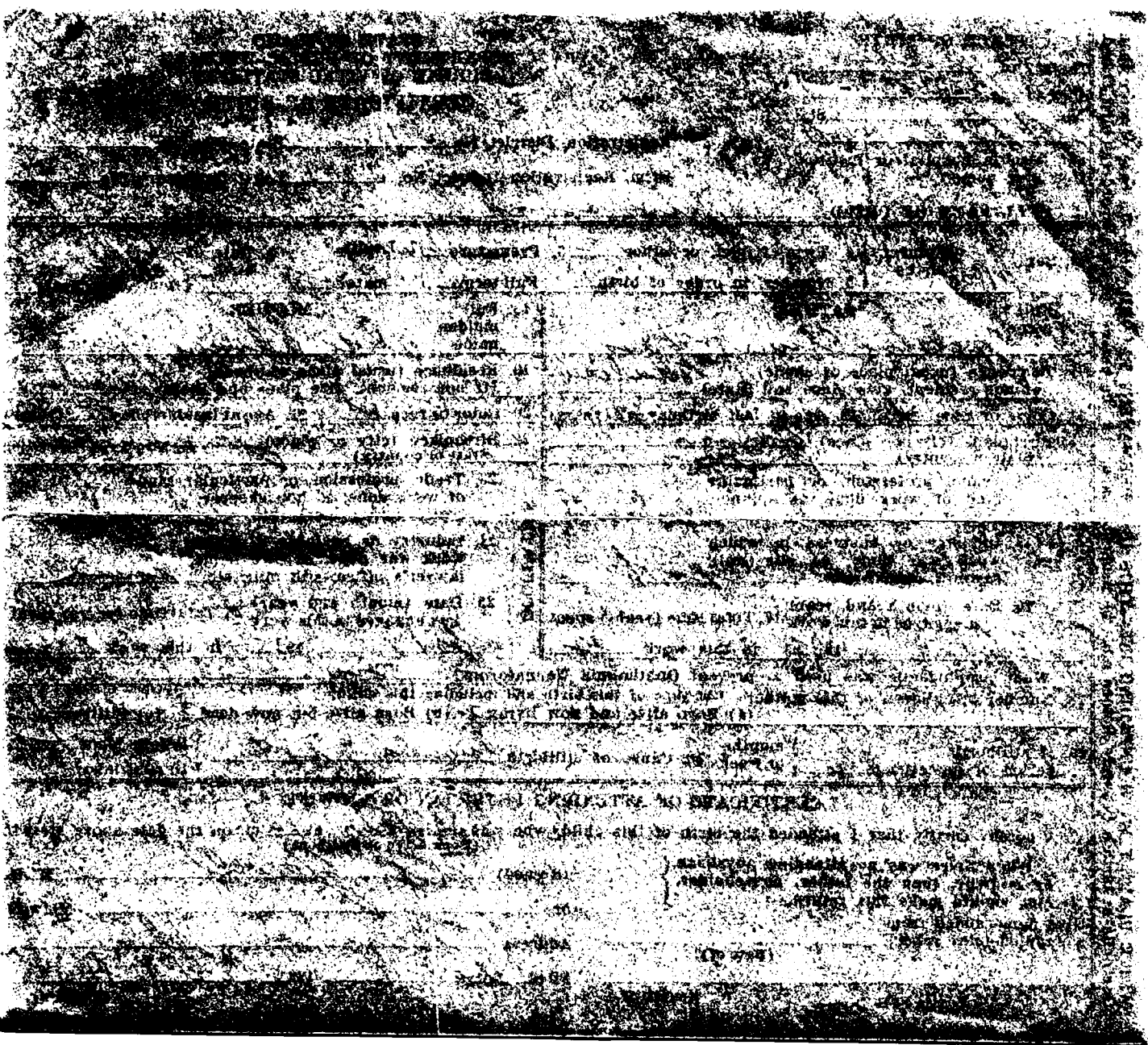
(Signed) R. S. Jewell, M. D.

or \_\_\_\_\_, Midwife

Address Mundian, Ida

Filed April 9, 1935 W. H. B. C.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

93219

State File No. ....

Registration District No. 2Primary Registration District No. 1004 Local Registrar's No. 92(No. St. Lukes Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Elcie May Voss

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 2, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. ... min.  
— — Stellborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida.  
(State or country)

13. NAME Nelson Voss

14. BIRTHPLACE (city or town) Garwin, Iowa  
(State or country)

15. MAIDEN NAME Alice Gatta

16. BIRTHPLACE (city or town) Doaquin, Idaho  
(State or country)

17. INFORMANT Nelson Voss  
(Address) Meridian, Ida.

18. BURIAL, CREMATION OR REMOVAL  
Place Meridian Date 4/12, 1935

19. UNDERTAKER B. W. Rofner  
(Address) Meridian, Ida.

20. FILED 4-3, 1935 W. H. Plated  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 193... to ....., 193...

I last saw h<sup>is</sup> alive on Stellborn, 193...; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Stellborn  
Prostate 24 hrs.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193...

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) E. C. Jewell, M. D.  
(Address) .....



# UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Benewah  
City of St. Maries  
No. Idaho Ave #4

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH-

230354

S

Registration District No. 32 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 2049 Local Registrar's No. 20

FULL NAME Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other <u>-----</u> (To be answered only in event of plural births)	and { Number in order of birth <u>-----</u>	Legiti- mate? <u>Yes</u>	Date of birth <u>March 27</u> (Month) (Day) (Year) <u>19 35</u>
--------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? -----

Number of child of this mother, including present birth 4 (a) Born alive and now living 3  
Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Jesse Finstad  
Residence (Usual place of abode) St. Maries, Ida.  
If nonresident, give place and State -----  
Color or race White Age at last Birthday 49 (Years)  
Birthplace Fort Dodge, Iowa  
(City and State or Country)  
Occupation Laborer

MOTHER  
FULL MAIDEN NAME Laura Belle Spriggle  
Residence (Usual place of abode) St. Maries, Ida.  
If nonresident, give place and State -----  
Color or race White Age at last Birthday 42 (Years)  
Birthplace Bay City, Wisconsin  
(City and State or Country)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

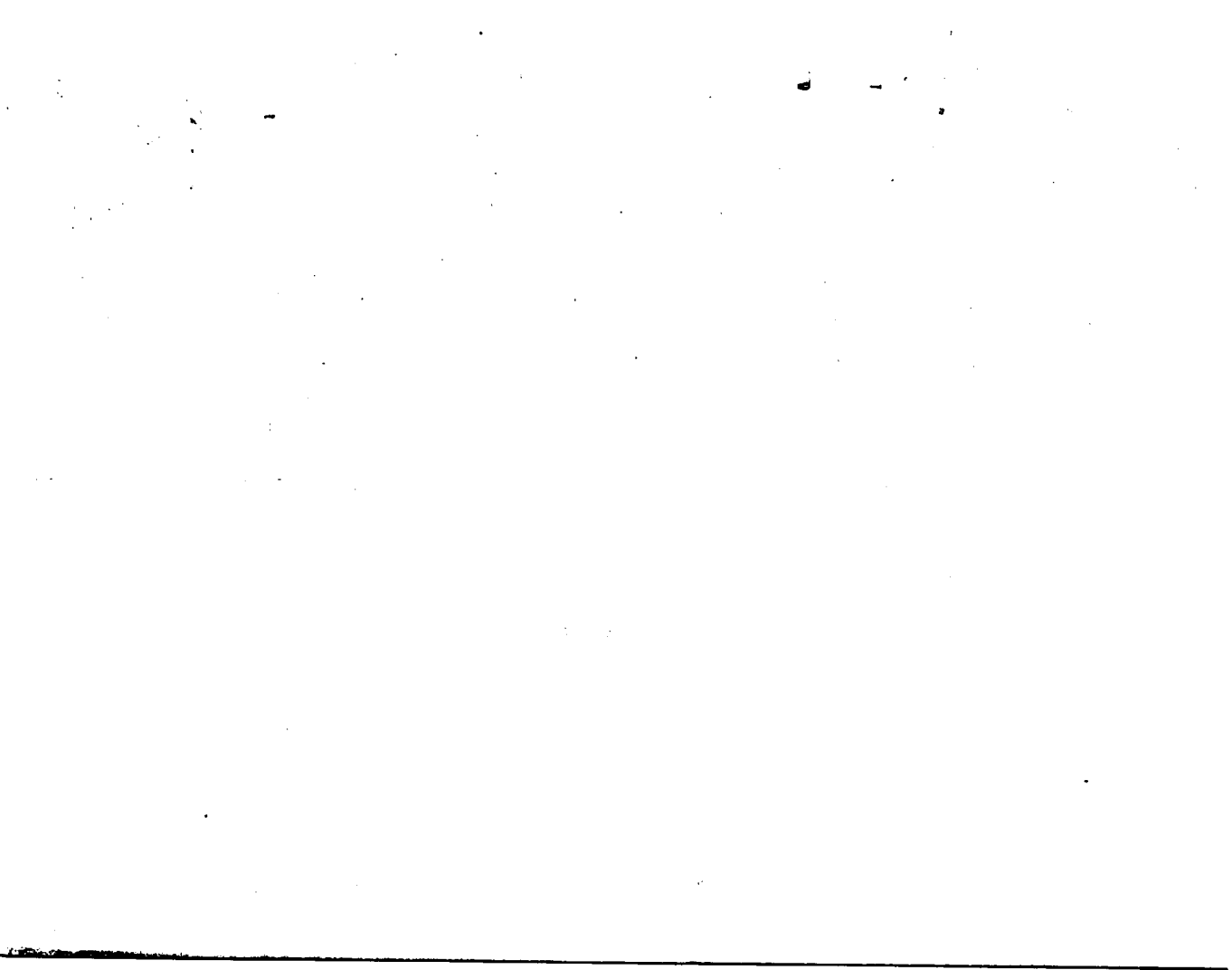
I hereby certify that I attended the birth of this child, who was Stillborn at 8 P.M.  
on the date above stated.

(Signature) Delmar Wall M. D.

(Physician or Midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address St. Maries, Idaho  
Filed Apr 9 1935 Walter Robery  
Registrar.



RECEIVED MAY 1 1935  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **93261-**

PLACE OF DEATH  
County of Benewah  
City of St. Maries, Idaho

Registration District No. 32  
Primary Registration District No. 2049

Local Registrar's No. 18

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Finstad---Stillbirth

(a) Residence. No. .... St. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Stillbirth  
5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
6. DATE OF BIRTH (month, day and year) 3/27/35  
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillbirth  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) St. Maries  
(State or country)

10. NAME OF FATHER

Jesse Finstad

11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)

Port Dodge, Iowa

12. MAIDEN NAME OF MOTHER

Laura Belle Spriggle

13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)

Bay City, Wisc.

14. Informant Father  
(Address) St. Maries Idaho

15. Filed May 9, 1935 Walter Roberg  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 27, 1935

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
Stillbirth

that I last saw h. .... alive on ...., 19...., to ...., 19....  
and that death occurred, on the date stated above, at .... m.  
The CAUSE OF DEATH\* was as follows:  
Unknown

CONTRIBUTORY  
(Secondary)

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? .... Date of ....  
Was there an autopsy? ....  
What test confirmed diagnosis? Autopsy  
(Signed) W. R. Brownell, M. D.  
, 19.... (Address) St. Maries, Ida

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

19

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

43-101-006-693  
1. PLACE OF BIRTH

County of Bingham

City of Blackfoot, Id.

No. .... St. ....

(If born in hospital or institution give name.)

Registration District No. 116 State File No. S

Prim. Registration District No. 2195 Local Registrar's No. 19

2. FULL NAME OF CHILD Dean Walter Walters

3. Sex Male { If plural births } 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Legitimate ..... 8. Date of birth March 1, 1935  
(Month, Day, Year)

9. Full name FATHER  
Clifford J. Walters

10. Residence (usual place of abode)  
(If non-resident, give place and State) Pingree

11. Color or race White 12. Age at last birthday 42 (years)

13. Birthplace (city or place)  
(State or country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work S, 19.....  
17. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 11 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation 9 Mo { months or weeks } 30. Cause of stillbirth Due to Auto accident  
Before labor X During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 2pm. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. O. Sampson M.D. M. D.  
or ..... Midwife

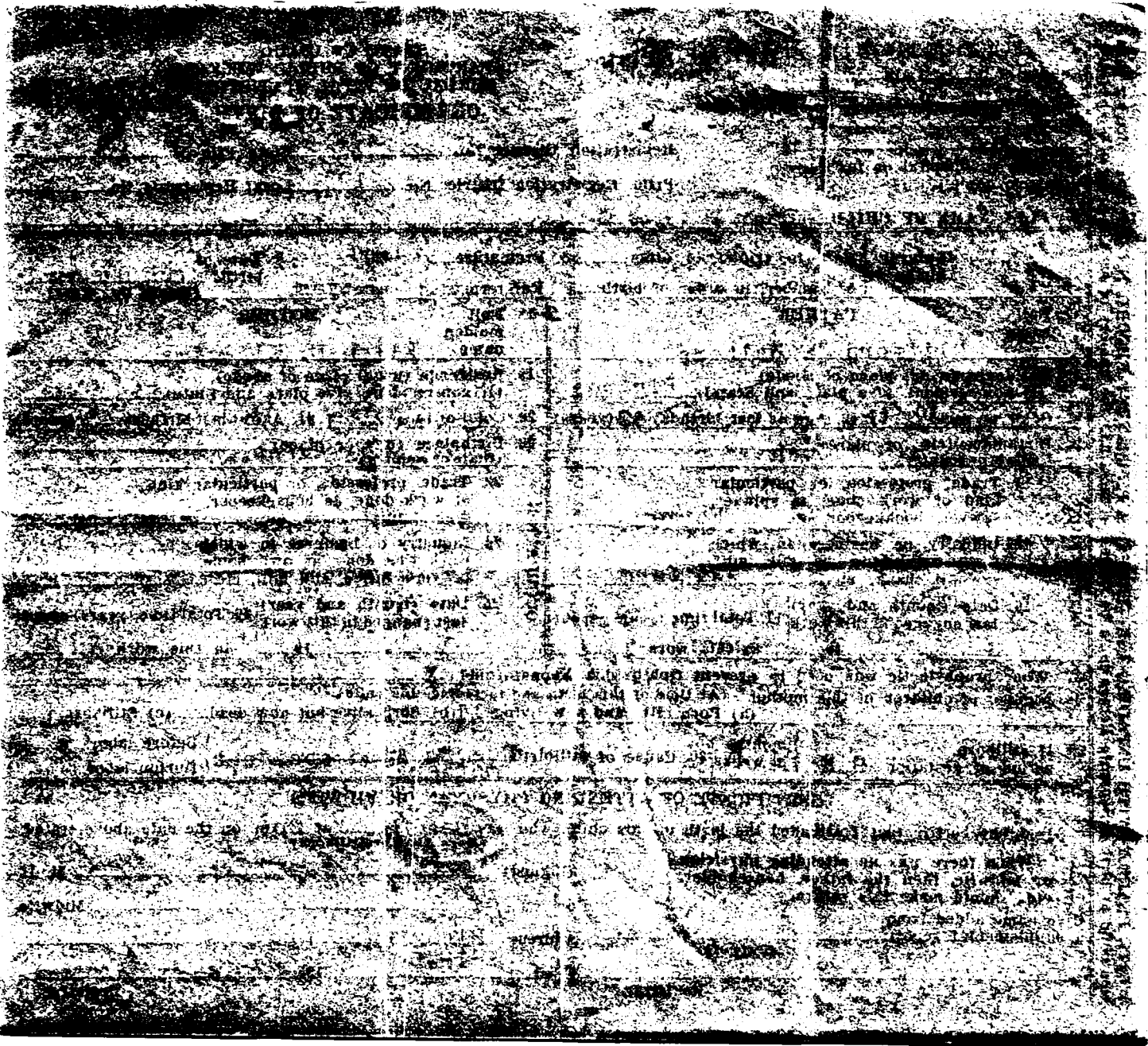
Give name added from a supplemental report.....  
(Date of) .....

Address Blackfoot, Idaho

Filed 4-1-35, 1935 memo Kinn

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

50 CENTS  
APR 4 1935  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

PLACE OF DEATH Bingham  
County of Blaine  
City of Pingree

Registration District No. 116  
Primary Registration District No. 2195 Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unnamed Walters  
(a) Residence. No. Blaine Idaho St. 206  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			21. DATE OF DEATH (month, day and year) <u>3-1-1935</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from <u>3-1-1935</u> to <u>3-1-1935</u> , 193...		
6. DATE OF BIRTH (month, day, and year) <u>March 1, 1935</u>					I last saw h... alive on <u>3-1-1935</u> , 193...; death is said to have occurred on the date stated above, at <u>3-1-1935</u> m.		
7. AGE	Years <u>✓</u>	Months <u>✓</u>	Days <u>✓</u>	If LESS than 1 day, ... hrs. or ... min.	The principal cause of death and related causes of importance were as follows: <u>still born due to auto accident the mother was 15 hrs before</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinners, sawyer, bookkeeper, etc.</u>				Date of onset <u>3-1-35</u>		
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>						
	10. Date deceased last worked at this occupation (mo. and yr.)				Other contributory causes of importance:		
	11. Total time (years) spent in this occupation						
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Pingree Idaho</u>					Name of operation..... Date of.....	
	13. NAME <u>C. J. Walters</u>					What test confirmed diagnosis?.... Was there an autopsy?..	
	14. BIRTHPLACE (city or town) (State or country) <u>West Jordan Utah</u>					23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193.	
	15. MAIDEN NAME <u>Ellen Williams</u>					Where did injury occur?..... (Specify city or town, county, and state)	
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					Specify whether injury occurred in industry, in home, or in public place. ....	
	17. INFORMANT <u>C. J. Walters</u> (Address) <u>Pingree</u>					Manner of injury <u>auto accident</u>	
	18. BURIAL, CREMATION OR REMOVAL Place <u>Thomas</u> Date <u>3-2-1935</u>					Nature of injury.....	
	19. UNDERTAKER <u>G. F. Rupp</u> (Address) <u>Blackfoot</u>					24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....	
	20. FILED <u>3-1-1935</u>					(Signed) <u>J. D. Humphreys</u> M. D. (Address) <u>Blackfoot Idaho</u>	



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-220-010-239

1. PLACE OF BIRTH.  
County of Bonneville  
City of Albany Falls  
No. McConnell Dring St.  
L.D. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

230481

S

Registration District No. 73 State File No. S  
Prim. Registration District No. 2147 Local Registrar's No. 141

2. FULL NAME OF CHILD Baby Hart

3. Sex female 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Legiti-  
mate? yes 8. Date of birth March 12, 1935  
(Month, Day, Year)

9. Full name Glenn Napier Hart FATHER  
10. Residence (usual place of abode) 903 Bonmark St., Albany Falls, Idaho  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 23 (years)  
13. Birthplace (city or place) Albany Falls, Utah  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hart's Cafe  
16. Date (month and year) last engaged in this work March, 1935  
17. Total time (years) spent in this work 1 1/2 years

OCCUPATION

18. Full maiden name Ethel Leone Strong MOTHER  
19. Residence (usual place of abode) 903 Bonmark St., Albany Falls, Idaho  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 30 (years)  
22. Birthplace (city or place) Albany Falls, Utah  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work March 12, 1935  
26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Aragol 0.2%  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living. 0 (b) Born alive but now dead. 0 (c) Stillborn. 1  
29. If stillborn, period of gestation..... months or weeks 30. Cause of stillbirth.....  
{ Before labor.....  
{ During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Albany Falls, Idaho at 10:30 m. on the date above stated.  
(If born at home, give address)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. Ray Hatch, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report.....  
(Date of)

Address Albany Falls, Idaho  
Filed Mar 30, 1935. W. Ray Hatch  
Registrar.

Registrar.

Registrar.

SECRET

1. The first part of the document is a list of names and titles of the members of the committee. The names are listed in alphabetical order. The titles are listed in the order in which they appear in the document.

2. The second part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

3. The third part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

4. The fourth part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

5. The fifth part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

6. The sixth part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

7. The seventh part of the document is a list of the names of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order. The subcommittees are listed in the order in which they appear in the document.

RECEIVED APR 12 1935

## PLACE OF DEATH

County of Bonneville  
City of Idaho FallsSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 214-6

DO NOT WRITE IN THIS SPACE

State File No. 92927(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Hart(a) Residence. No. L.D.S. Hospital N. Drive St. Idaho Falls, Idaho.  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) infant6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

7. DATE OF BIRTH (month, day, and year)

8. AGE Years Months Days If LESS than 1 day... hrs. or min.  
Stillbirth

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (mo. and yr.) 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Idaho14. NAME Glenne Napier Hart15. BIRTHPLACE (city or town) Salt Lake City  
(State or country) Utah16. MAIDEN NAME Othel C. Leane Strong17. BIRTHPLACE (city or town) Salt Lake City  
(State or country) Utah18. INFORMANT Dr. E. Hart  
(Address) Idaho Falls, Idaho19. BURIAL, CREMATION OR REMOVAL  
Place Idaho Falls Date Mar. 20, 193520. UNDERTAKER Idaho Falls  
(Address)21. FILED Apr 30 1935 Idaho Falls  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 20, 1935 193

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to ..... 193.....

I last saw h..... alive on ..... 193.... death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Idaho Falls M. D.(Address) Idaho FallsMARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-225-221-846  
PLACE OF BIRTH

County of Franklin  
City of Preston  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

230660

CERTIFICATE OF BIRTH

S

Registration District No. 27 State File No. \_\_\_\_\_  
(If born in hospital, give name.) \_\_\_\_\_  
Prim. Registration District No. 2714 Local Registrar's No. 33  
FULL NAME OF CHILD Hilborn Earl Cole  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Mar 25 1935</u> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	-----------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. 0 Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Lowell P. Cole</u>	MOTHER FULL MAIDEN NAME <u>Burdean Huffaker</u>
---	--

Residence (Usual place of abode) <u>Fairview</u>	Residence (Usual place of abode) <u>Fairview</u>
--	--

Is non-resident, give place and State \_\_\_\_\_

Color or race <u>W</u> Age at last Birthday <u>24</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>25</u> (Years)
---	---

Birthplace <u>Fairview</u> (City and State or County)	Birthplace <u>Midway, Id.</u> (City and State or County)
---	--

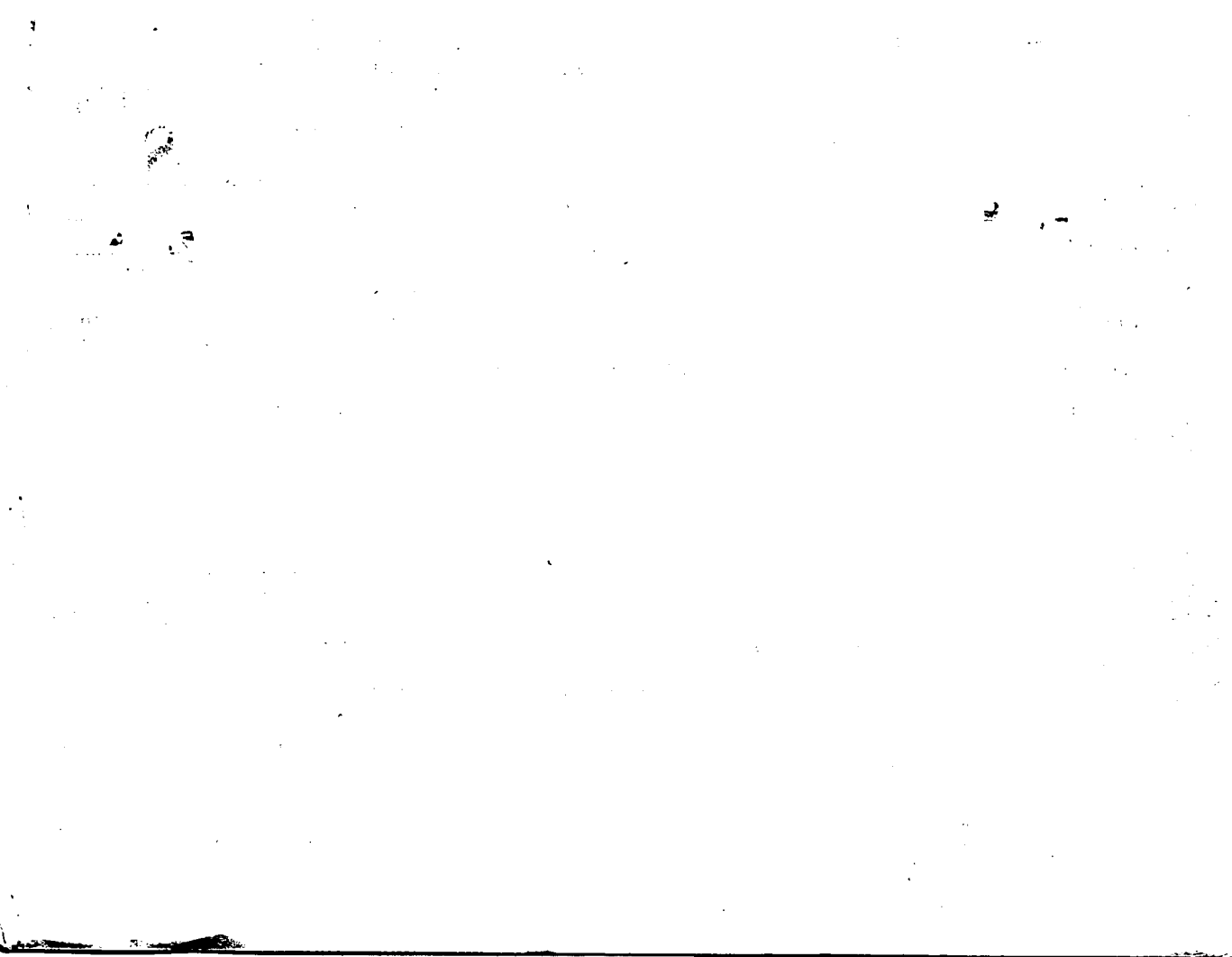
Occupation <u>Farming</u>	Occupation <u>Housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at \_\_\_\_\_ M.  
on the date above stated.  
(Signature) O. A. Miller

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Preston, Idaho  
Filed April 8 1935 G. W. States Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1935

## PLACE OF DEATH

County of Franklin  
City of Preston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93007Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 17

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Stillborn Baby Girl Cole

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. Color or Race W  
5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than  
0 1 day... hrs.  
or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston, Idaho  
(State or country)

13. NAME Lowell P. Cole

14. BIRTHPLACE (city or town) Fairview  
(State or country)

15. MAIDEN NAME Birdsall Huffer

16. BIRTHPLACE (city or town) Midway  
(State or country) Utah

17. INFORMANT Lowell P. Cole  
(Address) Fairview Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Fairview Date 3 26, 1935

19. UNDERTAKER None  
(Address)

20. FILED April 5, 1935 G. W. State  
(Address)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 25 1935

22. I HEREBY CERTIFY That I attended deceased from Stillbirth, 1935 Mar 25, 1935.

I last saw her alive on Mar 25 1935; death is said to have occurred on the date stated above, at 5 p.m.  
The principal cause of death and related causes of importance were as follows:

Prematurity - 7 months  
Strangulation of the Cord  
Date of onset Mar 25, 1935

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury., 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) G. W. State, M.D.  
(Address) Preston, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

667-220-026-318

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 230726

1. PLACE OF BIRTH  
County of Jefferson  
City of High  
No.        St.       

Registration District No. 98 State File No.       

(If born in hospital or institution give name.)

Prim. Registration District No. 2176 Local Registrar's No. 59

2. FULL NAME OF CHILD Caroline Fay

3. Sex F If plural births        4. Twin, triplet, or other        Premature X 7. Legitimate? yes 8. Date of birth March 20, 1935  
(Month, Day, Year)

9. Full name FATHER Reverend Kenneth Fay

18. Full maiden name MOTHER Ethel Vera Taylor

10. Residence (usual place of abode) (If non-resident, give place and State) High

19. Residence (usual place of abode) (If non-resident, give place and State) High

11. Color or race W 12. Age at last birthday 29 (years)

20. Color or race W 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Delmar, Delaware

22. Birthplace (city or place) (State or country) Delmar, Delaware

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. same

16. Date (month and year) last engaged in this work Dec 1935

25. Date (month and year) last engaged in this work present 19      

27. What prophylactic was used to prevent Ophthalmia Neonatorum? (stillborn)

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 6 mos months or weeks 30. Cause of stillbirth Prematurity Before labor X During labor       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:25 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. Harper Bulley, M. D.  
or       , Midwife

Give name added from a supplemental report        (Date of)       

Address High, Idaho  
Filed APR 12 1935 W. B. Churchill Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 12 1986

PLACE OF DEATH

County of Jefferson  
City of Rigby

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 93038

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Caroline Fox

(a) Residence. No.                      St.                     

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
March 20, 1935

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)                       
11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (city or town) Rigby, Idaho.  
(State or country)

13. NAME Dewitt Fox.

14. BIRTHPLACE (city or town) Colo.  
(State or country)

15. MAIDEN NAME Ester Taylor.

16. BIRTHPLACE (city or town) Colo.  
(State or country)

17. INFORMANT De Witt Fox  
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL  
Place Rigby, Idaho. Date 3/21, 1935

19. UNDERTAKER None  
(Address) Rigby

20. FILED 3/21, 1935 A. B. Schenck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to March 20, 1935.

I last saw her alive on March 20, 1935, death is said to have occurred on the date stated above, at 10 P.m.  
The principal cause of death and related causes of importance were as follows:

Stillborn  
Premature birth

Other contributory causes of importance:  
Twin birth

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence) fill in also the nature:  
Accident, suicide, or homicide?                      Date of injury, 193                     

Where did injury occur?                       
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                     

Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                      If so, specify                     

(Signed) J. H. Schenck M. D.  
(Address) Rigby, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Ans. B. E. Kirsch

100-443886-1

1. The first part of the document is a list of names and titles, including "Mr. J. Edgar Hoover", "Mr. Clegg", "Mr. Glavin", "Mr. Ladd", "Mr. Nichols", "Mr. Rosen", "Mr. Tracy", "Mr. Carson", "Mr. Egan", "Mr. Gurnea", "Mr. Harbo", "Mr. Hendon", "Mr. Pennington", "Mr. Quinn", "Mr. Nease", "Mr. Gandy".

2. The second part of the document is a list of dates and times, including "January 1, 1941", "January 2, 1941", "January 3, 1941", "January 4, 1941", "January 5, 1941", "January 6, 1941", "January 7, 1941", "January 8, 1941", "January 9, 1941", "January 10, 1941", "January 11, 1941", "January 12, 1941", "January 13, 1941", "January 14, 1941", "January 15, 1941", "January 16, 1941", "January 17, 1941", "January 18, 1941", "January 19, 1941", "January 20, 1941", "January 21, 1941", "January 22, 1941", "January 23, 1941", "January 24, 1941", "January 25, 1941", "January 26, 1941", "January 27, 1941", "January 28, 1941", "January 29, 1941", "January 30, 1941", "January 31, 1941", "February 1, 1941", "February 2, 1941", "February 3, 1941", "February 4, 1941", "February 5, 1941", "February 6, 1941", "February 7, 1941", "February 8, 1941", "February 9, 1941", "February 10, 1941", "February 11, 1941", "February 12, 1941", "February 13, 1941", "February 14, 1941", "February 15, 1941", "February 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(b) (7)(C)

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 12 1986

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
PLACE OF DEATH  
County of Jefferson  
City of Rigby

## CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 93039

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garroll Fox.

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 20, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho.  
(State or country)13. NAME Dewitt Fox.14. BIRTHPLACE (city or town) Colo.  
(State or country)15. MAIDEN NAME Ester Taylor.16. BIRTHPLACE (city or town) Colo.  
(State or country)17. INFORMANT De Witt Fox  
(Address) Rigby, Idaho.18. BURIAL, CREMATION OR REMOVAL  
Place Rigby, Idaho. Date 3/21, 193519. UNDERTAKER None  
(Address)20. FILED 3/21, 1935  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20 193522. I HEREBY CERTIFY, That I attended deceased from  
March 20, 1935, to March 20, 1935.

I last saw him alive, 193... death is said to have occurred on the date stated above, at 10 P.m.  
The principal cause of death and related causes of importance were as follows:

S. Stillborn  
Premature birth.

Other contributory causes of importance:

Trim birth.

Date of onset

March 20, 1935

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. H. Bulley, M. D.  
(Address) Rigby, Idaho.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

515 207 027 689

1. PLACE OF BIRTH

County of Jerome

City of Jerome

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution, give name.)

RECEIVED APR 10 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

230739

S

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar 7</u> , 193 <u>5</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name of FATHER  
William Albert Nance

10. Residence (usual place of abode)  
(If non-resident, give place and State) Jerome, Ida

11. Color or race White

12. Age at last birthday 49 (years)

13. Birthplace (city or place)  
(State or country) Webb City, Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coal

16. Date (month and year) last engaged in this work March 1935

17. Total time (years) spent in this work 5

18. Full maiden name of MOTHER  
Essie Whitaker

19. Residence (usual place of abode)  
(If non-resident, give place and State) Jerome, Ida

20. Color or race White

21. Age at last birthday 41 (years)

22. Birthplace (city or place)  
(State or country) Green Forest, Ark.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work March 1935

26. Total time (years) spent in this work 25

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks

29. Cause of stillbirth Influenza of mother

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 P.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Give name added from a supplemental report

(DATE OF)

3/13/35 Chas. F. Jellus  
Registrar

(Signed) Herbert C. Matoon M. D.

or \_\_\_\_\_, Midwife

Address Jerome, Idaho

Filed 3/15/35, 1935 Chas. F. Jellus  
Registrar

UNITED STATES DEPARTMENT OF JUSTICE

NOTICE

NOTICE

OFFICE OF ATTORNEY GENERAL

RECEIVED 1 1985

PLACE OF DEATH

County Jerome

City of Jerome

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. ....

Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE

State File No. 93042

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Nancy

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 8, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome (State or country) Idaho

13. NAME Wm Albert Nancy

14. BIRTHPLACE (city or town) Web City (State or country) Mo

15. MAIDEN NAME Essie Whittokey

16. BIRTHPLACE (city or town) Ark. (State or country)

17. INFORMANT Wm Nancy (Address)

18. BURIAL, CREMATION OR REMOVAL Place Jerome Am Date 3-9, 1935

19. UNDERAKER J & W Co (Address) Jerome Idaho

20. FILED 219, 1935 Chas F Zeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1935 to March 7, 1935

I last saw h. Stillborn 1935 death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury, 1935.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Reuben C. Matson M. D.

(Address) Jerome Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

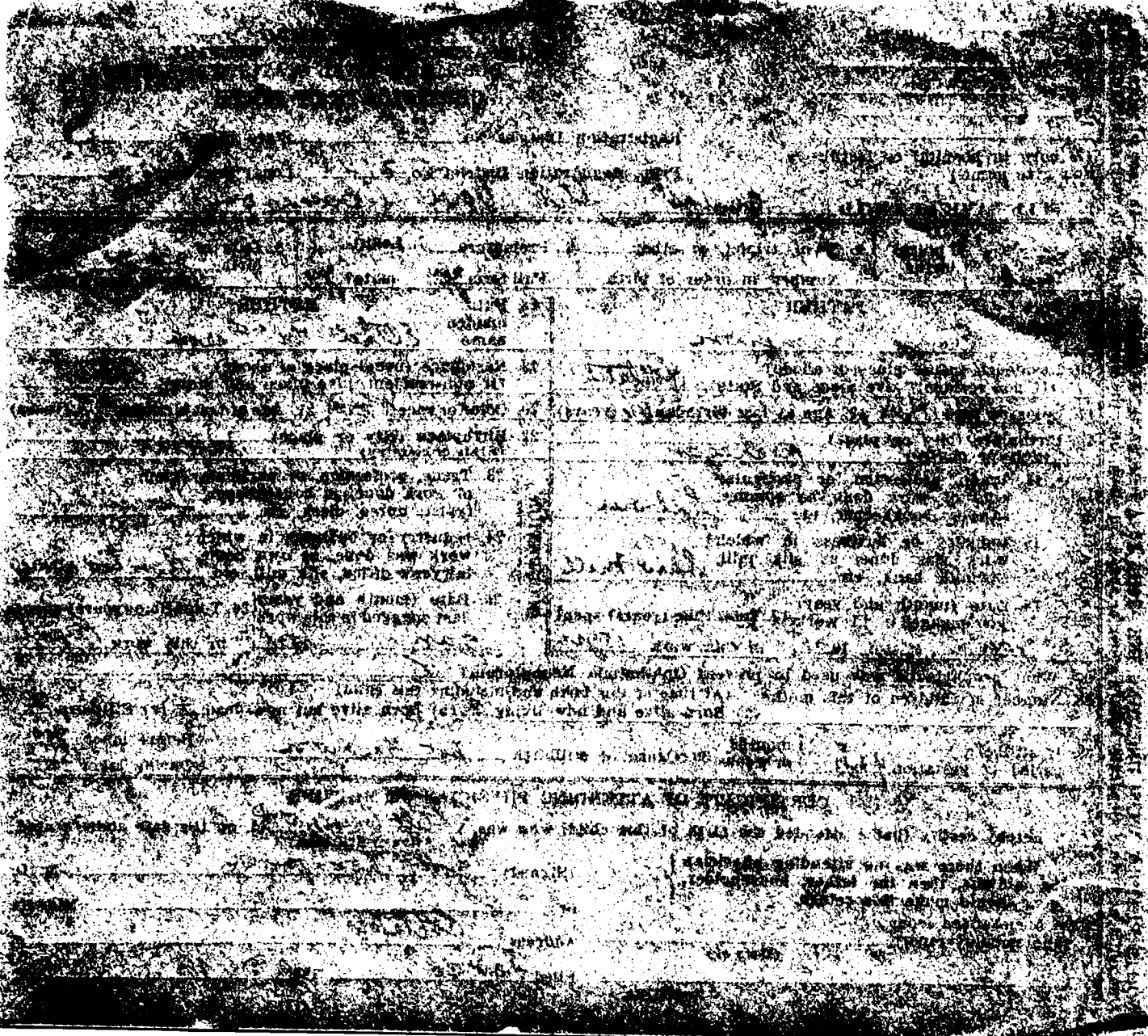
1. PLACE OF BIRTH  
County of Litch  
City of Pottlatch  
No. 1385 St.  
(If born in hospital or institution give name.)  
Registration District No. 65 State File No. 230788  
Prim. Registration District No. 2145 Local Registrar's No. S

2. FULL NAME OF CHILD James Still Born - (Cameron)

3. Sex <u>Male</u>	4. Twin, triplet, or other <u>Plural births</u>	5. Premature <u>No</u>	6. Legiti- mate? <u>Yes</u>	7. Date of birth <u>Jan 31, 1925</u>
8. Full name FATHER <u>Ernest Cameron</u>		9. Full name MOTHER <u>Ethel M. Feron</u>		
10. Residence (usual place of abode) <u>Pottlatch</u> (If non-resident, give place and State)		11. Residence (usual place of abode) <u>Pottlatch</u> (If non-resident, give place and State)		
12. Color or race <u>White</u>		13. Age at last birthday <u>35</u> (years)		
14. Birthplace (city or place) <u>Michigan</u> (State or country)		15. Birthplace (city or place) <u>Idaho</u> (State or country)		
16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Rented home</u>		
20. Date (month and year) last engaged in this work <u>Jan 1925</u>		21. Total time (years) spent last engaged in this work <u>15 yrs.</u>		
22. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Yes</u>		23. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>		
24. If stillborn, period of gestation <u>9 mo</u> months or weeks		25. Cause of stillbirth <u>Not Known</u> Before labor <u>Yes</u> During labor <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born on the date above stated.  
(Born Alive or Stillborn)  
(Signed) J. W. Thompson, M. D.  
or \_\_\_\_\_, Midwife  
Address Pottlatch  
Filed Feb 26, 1925 by J. W. Thompson  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Laurel</u>		<b>CERTIFICATE OF DEATH</b>		State File No. <u>93063</u>	
City of <u>Boothatch</u>		Registration District No. <u>65</u>		Local Registrar's No. <u>206</u>	
		Primary Registration District No. <u>2145</u>			
(No. <u>2145</u> (If death occurred in a hospital or institution, give its name instead of street and number.))					
2. FULL NAME <u>Stillborn - (Cameron)</u>					
(a) Residence. No. <u>St.</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>✓</u>	Months <u>✓</u>	Days <u>✓</u>	If LESS than 1 day, <u>✓</u> hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Boothatch Idaho</u> (State or country)					
FATHER	13. NAME <u>Emery Cameron</u>				
	14. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)				
	15. MAIDEN NAME <u>Ella M. Feron</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
	17. INFORMANT <u>Mrs. E. Travis</u> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Calvin</u> Date <u>Feb 1</u> , 1935					
19. UNDERTAKER <u>Parents</u> (Address)					
20. FILED <u>Feb 2</u> , 1935 <u>D. J. Thompson</u> Registrar.					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day, and year) <u>Feb 3</u> , 1935					
22. I HEREBY CERTIFY, That I attended deceased from <u>✓</u> , 193 <u>5</u> , to <u>✓</u> , 193 <u>5</u>					
I last saw him alive on <u>✓</u> , 193 <u>5</u> : death is said to have occurred on the date stated above, at <u>✓</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset
Other contributory causes of importance:					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193 <u>5</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>✓</u>					
(Signed) <u>J. W. Thompson</u> , M. D.					
(Address) <u>Boothatch</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

432 105 030-156

1. PLACE OF BIRTH

County of San Juan  
City of Salmon  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or in \_\_\_\_\_  
give name.)

2. FULL NAME OF CHILD

3. Sex m. 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature X Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth March 5, 1931  
(MONTH, DAY, YEAR)

9. Full name FATHER  
Alto Kenneth Mc Kee  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Salmon  
11. Color or race W. 12. Age at last birthday 45 (years)

13. Birthplace (city or place) Pellmar,  
(State or country) Wash  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_  
19. \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) 4  
(a) Born alive and now living ✓ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 2  
28. If stillborn, period of gestation 8 months or weeks \_\_\_\_\_  
29. Cause of stillbirth premature  
Before labor ✓ During labor \_\_\_\_\_

18. Full maiden name MOTHER  
Arlean Rachel Jefferson  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Salmon  
20. Color or race W. 21. Age at last birthday 36 (years)  
22. Birthplace (city or place) Highway  
(State or country) Utah  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work present  
26. Total time (years) spent in this work 6  
19. \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) Charles E. Hammer, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

Address Salmon  
Filed April 12, 1935 Chas. E. Bellamy  
Registrar

REPORT TO THE DIRECTOR

DATE: 10/10/50

TO: THE DIRECTOR

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

433-129-030-595

1. PLACE OF **RECEIVED APR 15 1935**  
County of Cassia  
City of Salmon

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 230828

No. \_\_\_\_\_ St. \_\_\_\_\_  
Volcanic Machinery Verde Registration District No. 41 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD not named

3. Sex <u>m.</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 29, 1935</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Willard Thurston McCracken</u>				18. Full maiden name MOTHER <u>Effie May Niemann</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cassia</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cassia</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>45</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) <u>Kansas</u> (State or country)				22. Birthplace (city or place) <u>Cassia Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>rancher</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own ranch</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work <u>present</u> , 19____				25. Date (month and year) last engaged in this work <u>present</u> , 19____	
27. Number of children of this mother (At time of this birth and including this child) <u>3</u>				26. Total time (years) spent in this work <u>23</u>		
28. If stillborn, period of gestation _____ months or weeks				29. Cause of stillbirth <u>injury at birth</u>		
				Before labor _____ During labor <u>X</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

(Signed) Charles Hammer, M. D.

or \_\_\_\_\_, Midwife

Address Salmon

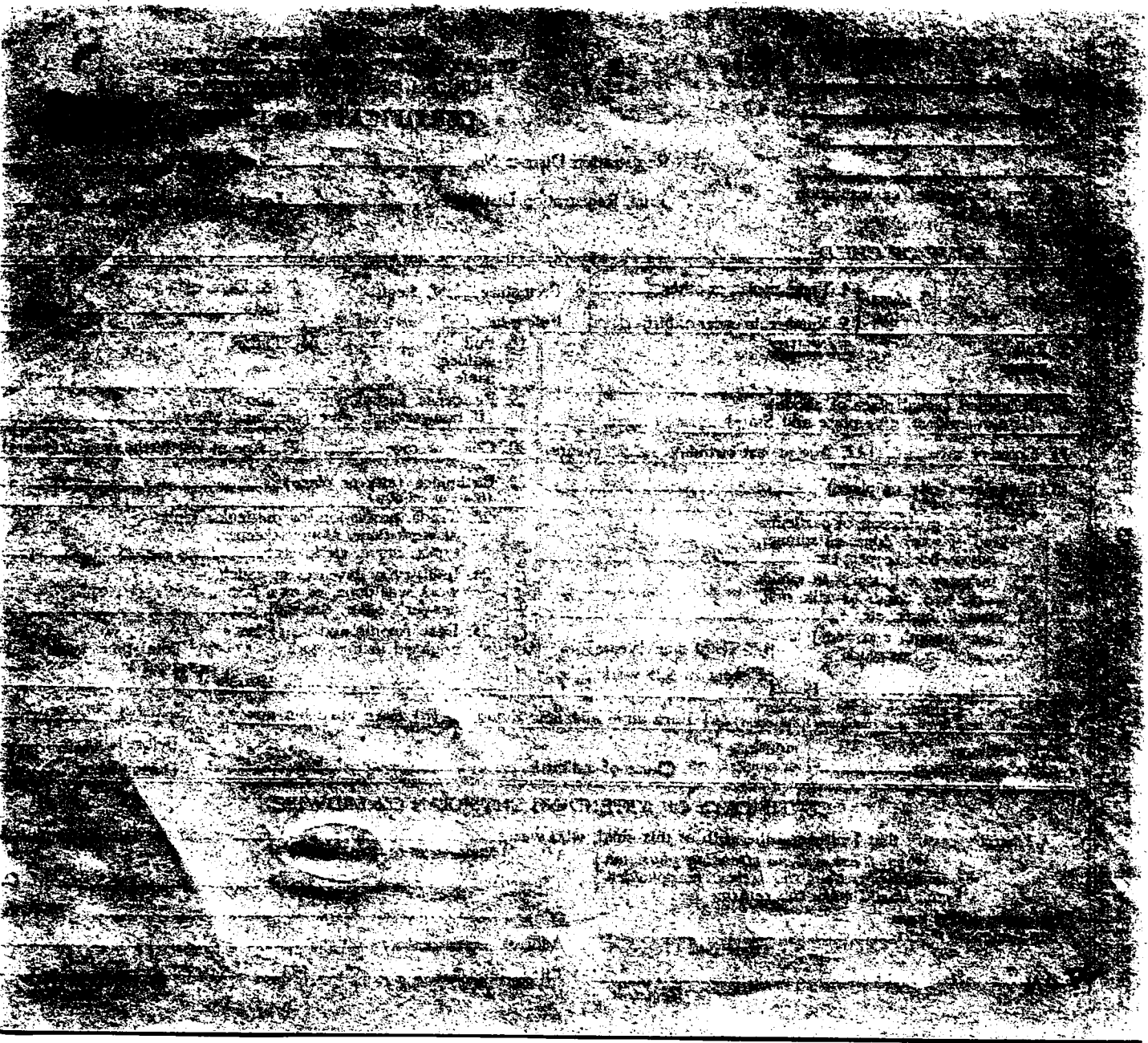
Filed April 12, 1935 Chris C. Bellamy

Registrar

(DATE OF)

Registrar.

Give name added from  
a supplemental report \_\_\_\_\_



PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a Separate Return must be made for each, and the number of each, in order of birth stated.

451 119 032-249

1. PLACE OF BIRTH  
County of Rural  
City of Shoshone  
No. 1985

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 230852

(If born in hospital or institution give name)

Registration District No. 16 State File No. 84

Prim. Registration District No. 84 Local Registrar's No. 84

2. FULL NAME OF CHILD Darrell Ron Dwyer

3. Sex male If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature no Legiti- yes 8. Date of birth Aug 19, 1935 (Month, Day, Year)

9. Full name Scott James Dwyer FATHER

18. Full maiden name Alma Burgess MOTHER

10. Residence (usual place of abode) Idaho (If non-resident give place and State)

19. Residence (usual place of abode) Idaho (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 22 years

20. Color or race W 21. Age at last birthday 22 years

13. Birthplace (city or place) Idaho (State or country)

22. Birthplace (city or place) Idaho (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farmer

16. Date (month and year) last engaged in this work today 17. Total time (years) spent in this work 6

25. Date (month and year) last engaged in this work today 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn 1

29. If stillborn, 9 months period of gestation 9 weeks 30. Cause of stillbirth Kidney Infection Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was born at home on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report..... (Date of).....

(Signed) T. E. Dwyer, M. D.

or..... Midwife

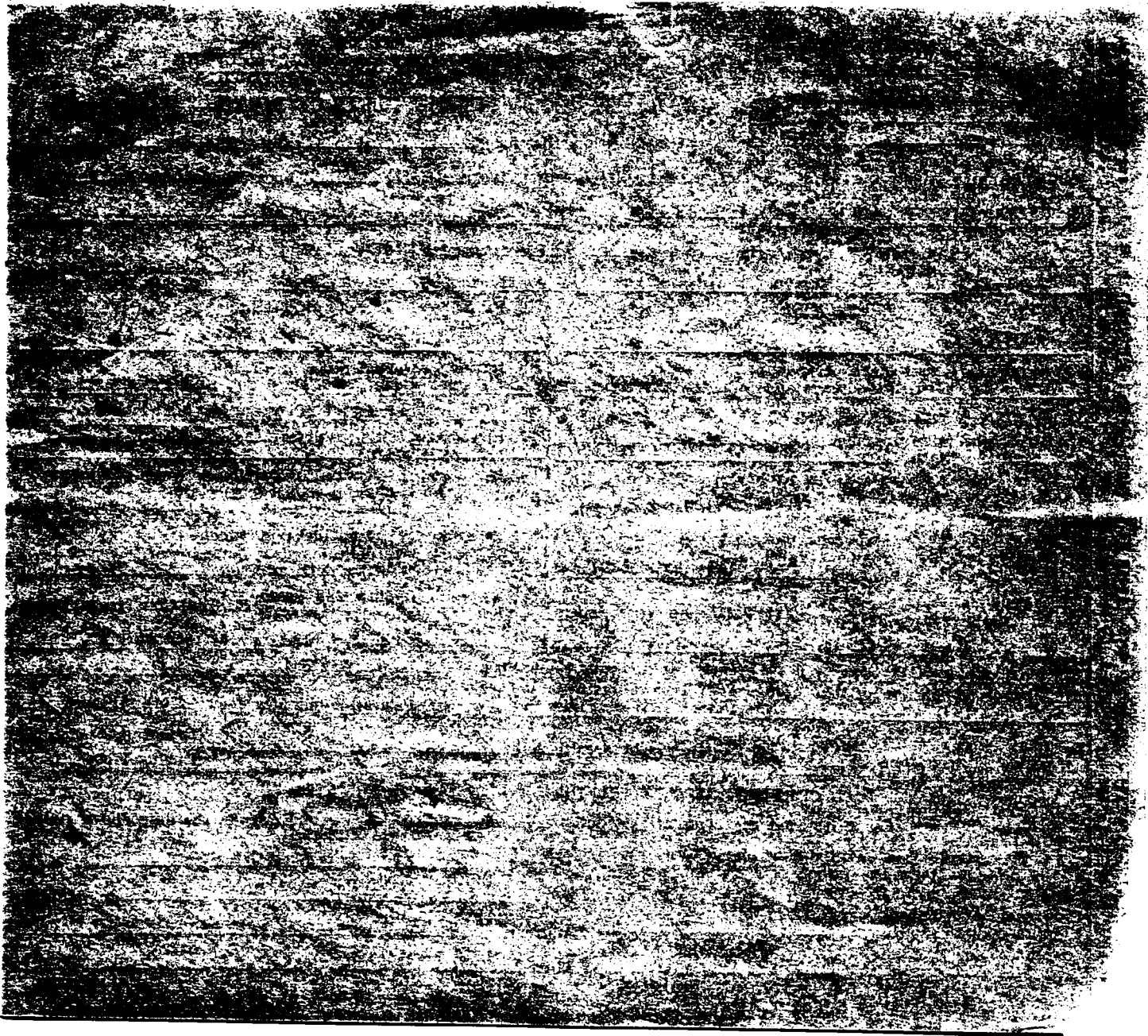
Address Shoshone Idaho

Filed 3/10, 1935 J. L. Fuller

Registrar.

34 G. L. M. McArthur





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

17 113 230 381  
1. PLACE OF BIRTH APR 11 1936

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 230908

County of Boise  
City of Boise  
No. Boise St.  
Dr. Joseph  
(If born in hospital or institution give name.)

Registration District No. 1009 State File No. \_\_\_\_\_  
Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Baby Sigler

3. Sex Female { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature ✓ 7. Legitimate? yes 8. Date of birth 3/13/36

9. Full name Gerald Sigler FATHER

18. Full maiden name Doris Chapman MOTHER

10. Residence (usual place of abode) Rogersburg W. Va.  
(If non-resident, give place and State)

19. Residence (usual place of abode) Rogersburg W. Va.  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 36 (years)

20. Color or race W. 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Idaho  
(State or country)

22. Birthplace (city or place) Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 2 { months or weeks } 30. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. M. Sigler, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Leaviston, Idaho

Filed 4/19, 1936 J. M. Lyle Registrar.

Registrar.



THE  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK  
ALBANY  
JANUARY 10, 1912  
TO THE  
COMMISSIONER OF THE  
DEPARTMENT OF TAXATION  
ALBANY  
SIR:  
I have the honor to acknowledge the receipt of your letter of the 1st inst. in relation to the matter of the  
estate of JAMES C. HARRIS, deceased, and in reply to inform you that the same has been forwarded to the  
proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours very truly,  
JAMES C. HARRIS  
Attorney General  
State of New York  
ALBANY  
JANUARY 10, 1912

RECEIVED  
JAN 10 1912  
DEPARTMENT OF TAXATION  
ALBANY  
SIR:  
I have the honor to acknowledge the receipt of your letter of the 1st inst. in relation to the matter of the  
estate of JAMES C. HARRIS, deceased, and in reply to inform you that the same has been forwarded to the  
proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours very truly,  
JAMES C. HARRIS  
Attorney General  
State of New York  
ALBANY  
JANUARY 10, 1912

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1985

PLACE OF DEATH  
County of Mag. Perce  
City of Lewiston  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
**93117**  
State File No. ....

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 272

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sigler

(a) Residence. No. Rogersburg Washington

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) -----

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year) Still Born

7. AGE. Years Months Days If LESS than 1 day... hrs. or .... min.  
\*\*\*\*\*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (mo. and yr.) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME Gerald Sigler

14. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho

15. MAIDEN NAME Doris Chapman

16. BIRTHPLACE (city or town) Asotin (State or country) Washington

17. INFORMANT Doris Sigler (Address) Rogersburg Washington

18. BURIAL, CREMATION OR REMOVAL Place. Asotin Wash. Date 3/14, 1935

19. UNDERTAKER H. R. Merchant (Address) Clarkston Washington

20. FILED 4/1/6, 1935. J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1935, to 3-13, 1935.

I last saw her alive on 3-13, 1935; death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

uterine involution  
3 1/2 mos. gestation

Date of onset

3-13-35

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 1935.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) D. B. Broadbent M. D.

(Address) Lewiston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

113-107-003 253  
RECEIVED MAY 11 1935  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
231144  
S

CERTIFICATE OF BIRTH

County of Bannock  
City of Pocatello  
No. St. Anthony Mercy St.  
Hospital  
Registration District No. 28 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 698

2. FULL NAME OF CHILD Stillborn Hale

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature # _____ Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>3/2/35</u> 19 <u>35</u> (Month, Day, Year)
-----------------------	--	---	--------------------------------	--

9. Full name <u>Orvin M Hale</u>	18. Full maiden name <u>Lillie Anna Belnap</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>I38 Rosevel</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>I38 Rosevelt</u>
11. Color or race <u>W</u>	20. Color or race <u>W</u>
12. Age at last birthday <u>34</u> (years)	21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) (State or Country) <u>Perry, Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Moreland, Idaho</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boiler Maker</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O.S.L.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H,me</u>
16. Date (month and year) last engaged in this work <u>present</u> , 19 <u>    </u>	25. Date (month and year) last engaged in this work <u>present</u> , 19 <u>    </u>
17. Total time (years) spent in this work <u>13yrs</u>	26. Total time (years) spent in this work <u>13yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, 4mo. 6 mo. 6 mo. { months or weeks  
period of gestation \_\_\_\_\_

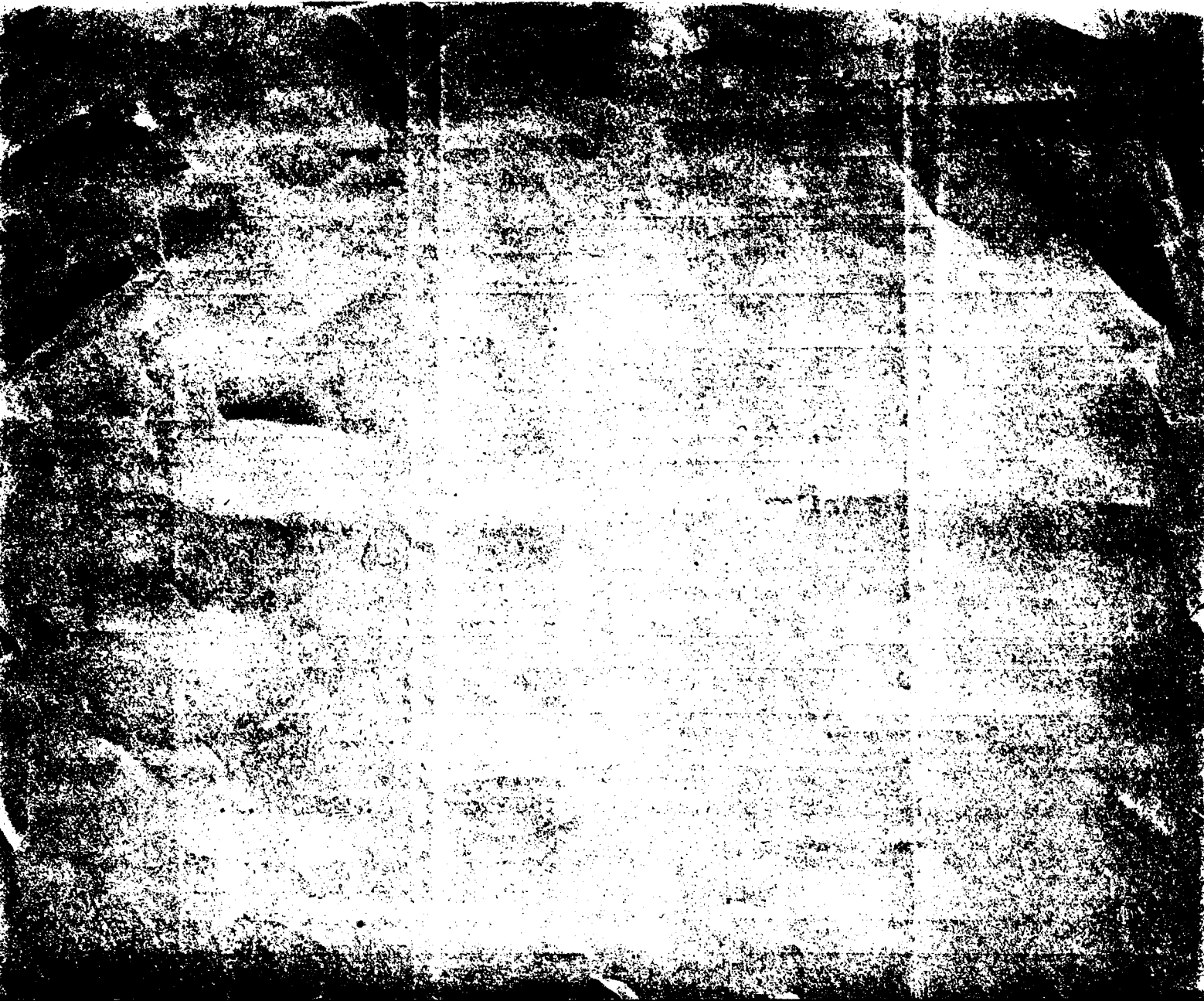
30. Cause of Stillbirth ? { During labor \_\_\_\_\_  
Mother nephritic Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:33 P.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) O. C. Cell, M. D.  
or \_\_\_\_\_ Midwife  
Address Pocatello, Idaho  
Filed May 4, 1935  
Registrar. Ray Registrar.



RECEIVED APR 15 1935

## PLACE OF DEATH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 92844Registration District No. 28Primary Registration District No. 2161 Local Registrar's No. 319(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Hale(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
March 2, 1935.

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
Still-born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)

13. NAME Orvin M. Hale

14. BIRTHPLACE (city or town) Mountain Valley, Idaho.  
(State or country)

15. MAIDEN NAME Lillie Belnap

16. BIRTHPLACE (city or town) Moreland, Idaho.  
(State or country)

17. INFORMANT Orvin M. Hale  
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL  
Place Groveland, Idaho Date Mar. 3, 1935.

19. UNDERTAKER Hall Mortuary  
(Address) Pocatello, Idaho.

20. FILED Mar. 5, 1935. McGowan Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1935, to 3/30/35, 1935.

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Premature (6 mos)  
Still born  
prolapsed the cord

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193...  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Dr. C. L. Hall M. D.  
(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

55

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. St. Anthony Mercy St.  
Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Nebeker

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term 3  
7. Legiti- mate? yes  
8. Date of birth 3/20/35 1935  
(Month, Day, Year)

9. Full name FATHER  
Dono Lazalle Nebeker

10. Residence (usual place of abode)  
(If non-resident, give place and State) 340 W Conner

11. Color or race W | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Shelly, Idaho  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Billemeyers

16. Date (month and year) last engaged in this work present, 19\_\_\_\_  
17. Total time (years) spent in this work 7mo

18. Full maiden name MOTHER  
Etha Jeanette Quinn

19. Residence (usual place of abode)  
(If non-resident, give place and State) 340 W Conner

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Basalt, Idaho  
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work present, 19\_\_\_\_  
26. Total time (years) spent in this work 9mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

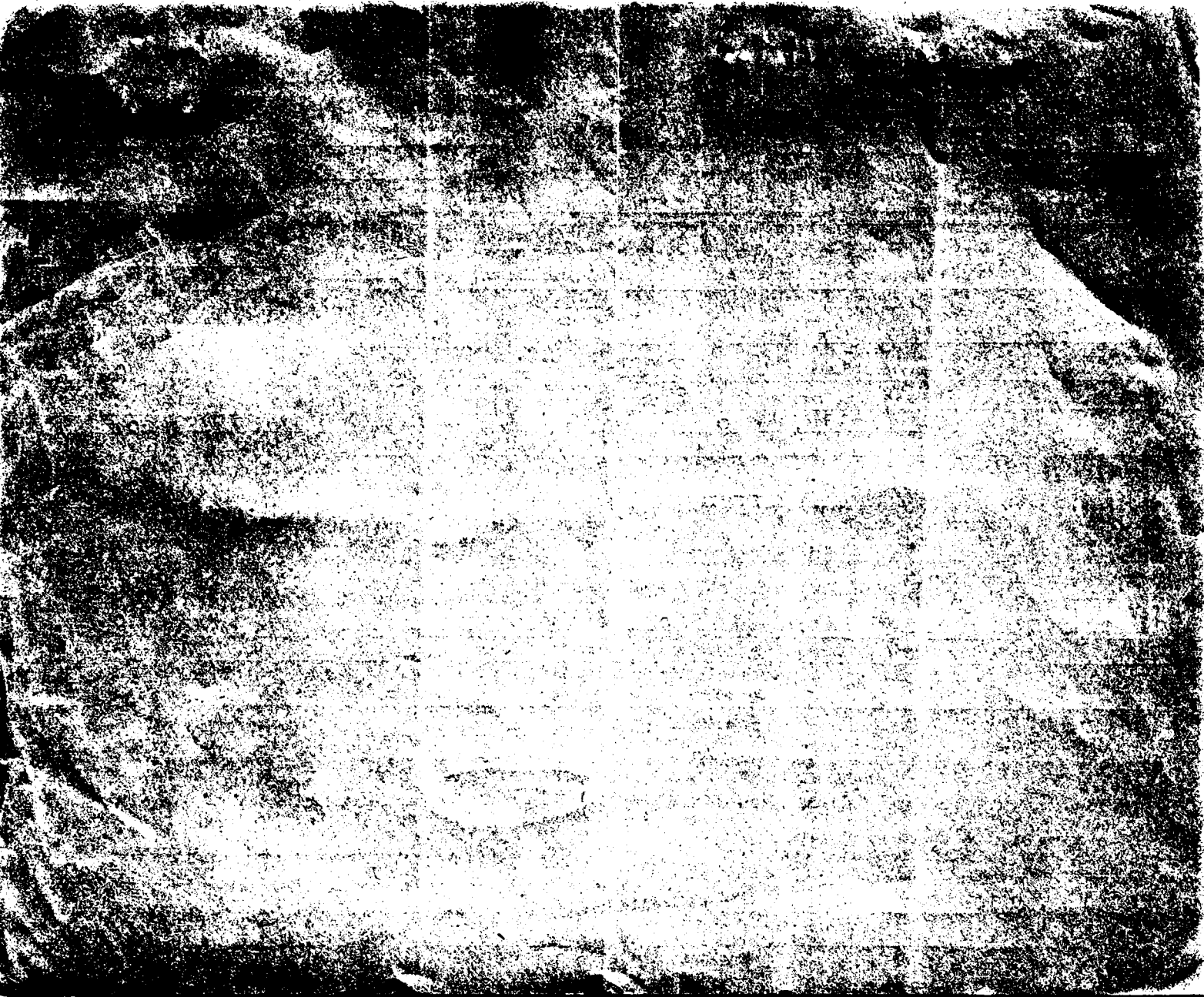
28. Number of children of this mother \_\_\_\_\_ (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_  
30. Cause of Stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 6:04 P.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registered. May 4, 1935 Ray Registrar.





MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 15 1935

PLACE OF DEATH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

92850

State File No. ....

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 338

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Nebeker

(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 20, 1935.

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Infant)

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Ida. (State or country)

13. NAME D. L. Nebeker

14. BIRTHPLACE (city or town) Sh elley, Idaho. (State or country)

15. MAIDEN NAME Etha J. Quinn

16. BIRTHPLACE (city or town) Firth, Idaho. (State or country)

17. INFORMANT D. L. Nebeker (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Firth, Idaho. Date Mar. 22, 1935

19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.

20. FILED Mar. 21, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 20 1935.

22. I HEREBY CERTIFY, That I attended deceased from 3/20/35, 193...., to 3/20/35, 193....

I last saw h... alive on ...., 193....; death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Obstructed lungs  
born  
few minutes after  
birth

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.

(Signed) O. F. Call

(Address) Pocatello, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Banner  
City of Kootania  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
551253  
S  
CERTIFICATE OF BIRTH

Registration District No. 78 State File No. \_\_\_\_\_  
Prim. Registration District No. 2155 Local Registrar's No. 210

2. FULL NAME OF CHILD

3. Sex <u>7</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>6 mo.</u>	7. Legitimate <u>No.</u>	8. Date of birth <u>Apr 14, 1935</u> (Month, Day, Year)
9. Full name <u>Unknown</u>	FATHER <u>said she did not know she was preg.</u>			18. Full maiden name <u>Bolene Lillian Kyseth</u>		
10. Residence (usual place of abode) (If non-resident, give place and State)				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kootania</u>		
11. Color or race		12. Age at last birthday (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or country)				22. Birthplace (city or place) <u>Canton, Minn.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Student</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>School</u>		
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work				26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 6 mo. months or weeks  
30. Cause of stillbirth Albumin Toxication Before labor Yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was William 11 p.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. C. Kyseth, M. D.

or \_\_\_\_\_, Midwife

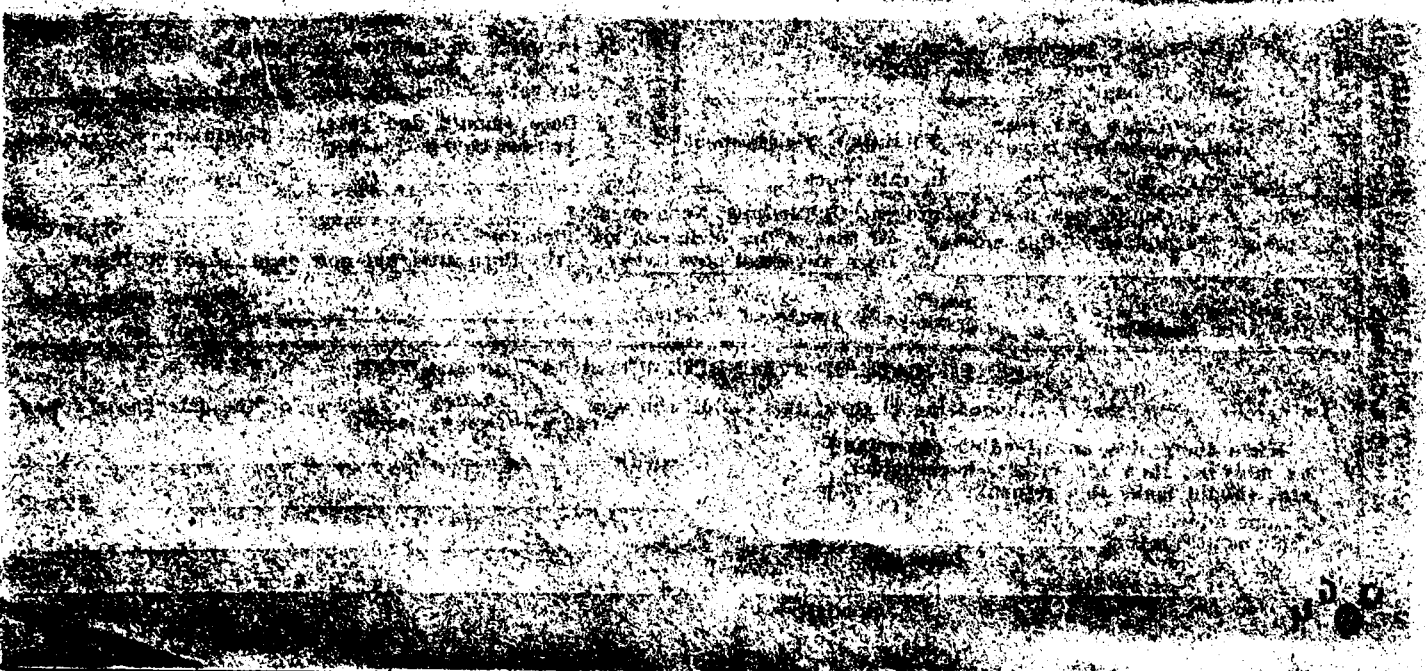
Give name added from a supplemental report.

Address Sundspoint, Idaho

Filed Apr 10, 1935 J. B. Evans

Registrar.

Registrar.



WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

RECEIVED APR 18 1900

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
731468  
S  
CERTIFICATE OF BIRTH

PLACE OF BIRTH  
County of Fremont  
City of St. Anthony  
No. 863-114-22-1 St. 384  
St. Anthony Hosp.  
(If born in hospital or institu-  
tion give name.)

Registration District No. 99 State File No. \_\_\_\_\_  
Prim. Registration District No. 2189 Local Registrar's No. 685

2. FULL NAME OF CHILD Baby Gay Holfeltz James

3. Sex <u>Male</u>	{ If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti-	8. Date of birth <u>March 14, 1900</u> <u>Month, Day, Year</u>
		5. Number, in order of birth	Full term <u>yes</u> mate <u>yes</u>		

9. Full name  
James Hament Holfeltz  
FATHER  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Ashton, Ida  
11. Color or race white 12. Age at last birthday 29 (years)  
13. Birthplace (city or place) Midway, Utah  
(State or country)

OCCUPATION  
14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Electrical Engineer  
15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.  
16. Date (month and year)  
last engaged in this work  
17. Total time (years) spent  
in this work

18. Full  
maiden  
name Norma Thurba  
MOTHER  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Ashton, Ida  
20. Color or race white 21. Age at last birthday 29 (years)  
22. Birthplace (city or place) Richfield, Utah  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. Housewife  
25. Date (month and year)  
last engaged in this work  
26. Total time (years) spent  
in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, } months } 30. Cause of stillbirth } Before labor.  
period of gestation } or weeks } During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 7<sup>45</sup> P. M. on the date above stated.  
(Born alive and stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.  
Give name added from  
a supplemental report  
(Date of)

(Signed) William, M. D.  
or \_\_\_\_\_, Midwife  
Address St. Anthony Ida  
Filed April, 1900 Seal B. Munk  
Registrar.

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF INVESTIGATION  
OFFICE OF THE ATTORNEY GENERAL

TO THE HONORABLE THE ATTORNEY GENERAL  
FROM THE DIRECTOR OF THE BUREAU OF INVESTIGATION  
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a formal report or communication.]

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 1 1935

## PLACE OF DEATH

County of Freemont  
City of St. Anthony

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 93374Registration District No. 99Primary Registration District No. 2177Local Registrar's No. 173

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Holfeldt

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 14 - 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) .....  
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Anthony Idaho  
(State or country)13. NAME James LaMont Holfeldt14. BIRTHPLACE (city or town) Idaho  
(State or country)15. MAIDEN NAME Norma Thurber16. BIRTHPLACE (city or town) Richfield Idaho  
(State or country)17. INFORMANT James M. Holfeldt  
(Address) Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date 3/15, 193519. UNDERTAKER St. Anthony Idaho  
(Address)20. FILED March 15, 1935 Sarah B. Munn  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) not known 193...22. I HEREBY CERTIFY, That I attended deceased from at birth 193... to ... 193...I last saw him not at all on ... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Baby born dead.  
Had apparently been dead at least 2 wks.  
Cause of death not determinable.  
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) W. A. Ellison M. D.  
(Address) St. Anthony Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Handell

No. \_\_\_\_\_ St. \_\_\_\_\_

St. Valentines Hosp.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231522

Registration District No. 22 State File No. \_\_\_\_\_

Prim. Registration District No. 2218 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD (Stillborn)

3. Sex. <u>male</u>	4. Twin triplet, or other <u>births</u>	5. Number, in order of birth	6. Premature <u>✓</u> Full term	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar. 5</u> , 193 <u>5</u> (Month, Day, Year)
------------------------	--	------------------------------	------------------------------------	---------------------------	---

9. Full name <u>Willard G. Halburn</u>	FATHER	18. Full maiden name <u>Bern Vineyard</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Eden</u>	19. Residence (usual place of abode) (If non-resident, give place and State)
---	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>23</u> (years)
-----------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or country) <u>Iowa</u>	22. Birthplace (city or place) (State or country) <u>Richland Missouri</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. If stillborn, period of gestation <u>7 mo.</u>	months or weeks	29. Cause of stillbirth <u>placenta previa</u>	Before labor	During labor
--	-----------------	--	--------------	--------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 P.M. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Stapper, M. D.  
or \_\_\_\_\_, Midwife  
Address Nagelton  
Filed 4-19, 1935 G. E. J. Simon Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

NO  
96

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

319-225 029-275

1. PLACE OF BIRTH  
County of Idaho  
City of Tray  
No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 231639

Registration District No. 64 State File No. \_\_\_\_\_

(If born in hospital or institution, give name) \_\_\_\_\_ Prim. Registration District No. 2144 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF Reola Rae Carman

3. Sex F If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legiti- mated yes 8. Date of birth Apr 25, 1935 (Month, Day, Year)

9. Full name FATHER Leo Carman 18. Full maiden name MOTHER Ella Speck

10. Residence (usual place of abode) (If non-resident, give place and State) Bozelle Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Bozelle Ida

11. Color of White 12. Age at last birthday 20 (years) 20. Color of White 21. Age at last birthday 15 (years)

13. Birthplace (city or place) (State or Country) Montana 22. Birthplace (city or place) (State or Country) Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work One 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) None  
(a) Born alive and now living None, (b) Born alive but now dead None, (c) Stillborn One

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Delivered at 7:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Chas. A. Meyer, M. D.

Give name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_, Midwife

(Date of) \_\_\_\_\_ Address Tray, Idaho

Filed May 5, 1935 Lucy M. Pickard Registrar.

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—EXACTLY, PHYSICIANS  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-  
CUPATION is very important. See instructions on back of certificate.

RECEIVED MAY 9 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 93455

PLACE OF DEATH

County of Latah  
City of Troy

CERTIFICATE OF DEATH

Registration District No. 64  
Primary Registration District No. 2144  
No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

2. FULL NAME

Reola Rae Carman

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day and year) Apr 25 - 1935

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

Infant

9 BIRTHPLACE (city or town) Latah County  
(State or country) Idaho

10 NAME OF FATHER Leo Carman

11 BIRTHPLACE OF FATHER (city or town) Montana  
(State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Ella Speck

13 BIRTHPLACE OF MOTHER (city or town) Washington  
(State or country) \_\_\_\_\_

PARENTS

14 Informant Leo Carman  
(Address) Boville, Idaho

15 Filed April 27, 1935 Lucy M. Pickard  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 25 - 1935  
Month (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to Apr 25, 1935  
that I last saw her alive on \_\_\_\_\_  
and that death occurred, on the date stated above, at 8:30 m.  
The CAUSE OF DEATH\* was as follows:

Stillborn

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) Chas. J. Meyer  
Apr 27, 1935 (Address) Troy, Idaho

\*State the DISEASE CAUSING DEATH, or in deaths from VIO-  
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,  
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Boville Date of Burial April 27, 1935  
Address \_\_\_\_\_

20. Undertaker John J. Pickard Troy Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED MAY 13 1936

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
31664  
S  
CERTIFICATE OF BIRTH

County of Ada  
City of Meridian  
No. 23 St.

Registration District No. 11 State File No. 31664  
Prim. Registration District No. 2003 Local Registrar's No. 31

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Unnamed Woods Stillborn

3. Sex h 4. Twin, triplet, or other 1 5. Premature X 6. Legiti- mate 7. Date of birth 5-3 1935  
8. (Month, Day, Year)

9. Full name FATHER 18. Full maiden name MOTHER  
Rollie E. Woods Frances D. Woods

10. Residence (usual place of abode) Meridian Ida 19. Residence (usual place of abode) Meridian Ida  
(If non-resident, give place and State) R. 3 (If non-resident, give place and State) R. 3

11. Color or race W 12. Age at last birthday 20 (years) 20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Prosser Ark 22. Birthplace (city or place) Meridian Ark  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work Present 19. 1931 26. Total time (years) spent in this work 1 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 0  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth Not known  
Before labor 3 days During labor 1 day

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. H. Pees, M. D.

or Lawson J. J. J. Midwife

Address Meridian Ida

Filed 5-4, 1935 W. H. Pees

Registrar.

Give name added from a supplemental report (Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1801. It is a very important document, as it is the first time the President has addressed the Congress since the establishment of the new government.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 1, 1801. It contains information about the state of the nation's finances, including the amount of money in the treasury and the state of the public debt.

3. The third part of the document is a report from the Secretary of the Navy, dated January 1, 1801. It contains information about the state of the navy, including the number of ships in the fleet and the state of the navy's resources.

4. The fourth part of the document is a report from the Secretary of the War, dated January 1, 1801. It contains information about the state of the army, including the number of troops and the state of the army's resources.

5. The fifth part of the document is a report from the Secretary of the Interior, dated January 1, 1801. It contains information about the state of the interior, including the state of the land and the state of the people.

6. The sixth part of the document is a report from the Secretary of the State, dated January 1, 1801. It contains information about the state of the foreign relations, including the state of the relations with Great Britain and France.

7. The seventh part of the document is a report from the Secretary of the War, dated January 1, 1801. It contains information about the state of the army, including the number of troops and the state of the army's resources.

8. The eighth part of the document is a report from the Secretary of the Navy, dated January 1, 1801. It contains information about the state of the navy, including the number of ships in the fleet and the state of the navy's resources.

9. The ninth part of the document is a report from the Secretary of the Treasury, dated January 1, 1801. It contains information about the state of the nation's finances, including the amount of money in the treasury and the state of the public debt.

10. The tenth part of the document is a report from the Secretary of the Interior, dated January 1, 1801. It contains information about the state of the interior, including the state of the land and the state of the people.

11. The eleventh part of the document is a report from the Secretary of the State, dated January 1, 1801. It contains information about the state of the foreign relations, including the state of the relations with Great Britain and France.

12. The twelfth part of the document is a report from the Secretary of the War, dated January 1, 1801. It contains information about the state of the army, including the number of troops and the state of the army's resources.

13. The thirteenth part of the document is a report from the Secretary of the Navy, dated January 1, 1801. It contains information about the state of the navy, including the number of ships in the fleet and the state of the navy's resources.

14. The fourteenth part of the document is a report from the Secretary of the Treasury, dated January 1, 1801. It contains information about the state of the nation's finances, including the amount of money in the treasury and the state of the public debt.

15. The fifteenth part of the document is a report from the Secretary of the Interior, dated January 1, 1801. It contains information about the state of the interior, including the state of the land and the state of the people.

16. The sixteenth part of the document is a report from the Secretary of the State, dated January 1, 1801. It contains information about the state of the foreign relations, including the state of the relations with Great Britain and France.

17. The seventeenth part of the document is a report from the Secretary of the War, dated January 1, 1801. It contains information about the state of the army, including the number of troops and the state of the army's resources.

18. The eighteenth part of the document is a report from the Secretary of the Navy, dated January 1, 1801. It contains information about the state of the navy, including the number of ships in the fleet and the state of the navy's resources.

19. The nineteenth part of the document is a report from the Secretary of the Treasury, dated January 1, 1801. It contains information about the state of the nation's finances, including the amount of money in the treasury and the state of the public debt.

20. The twentieth part of the document is a report from the Secretary of the Interior, dated January 1, 1801. It contains information about the state of the interior, including the state of the land and the state of the people.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 1 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **93232**

PLACE OF DEATH

County of Ada  
City of Meridian R. 3 Registration District No. 11  
Primary Registration District No. 2003

Local Registrar's No. 6

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Woods

(a) Residence. No. Meridian R. 3 St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) 5-3-35

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Meridian R. 3  
(State or country)

10. NAME OF FATHER Rollie Elmer Woods

11. BIRTHPLACE OF FATHER (city or town) Prosperity Ark.  
(State or Country)

12. MAIDEN NAME OF MOTHER Johna Doramus

13. BIRTHPLACE OF MOTHER (city or town) Ponca City Okla.  
(State or Country)

14. Informant J. A. Doramus  
(Address) Meridian R. 3

15. Filed 5/4 1935 W. H. R. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5-3- 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-3- 1935, to ✓ 1935,  
that I last saw him alive on ✓ 1935

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Stillborn on 5-3-35  
Had been dead about 3  
days

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death? no

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Horton M. D.  
5-4 1935 (Address) Laurel Ida.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian Idaho Date of Burial 5-4 1935

20. Undertaker W. H. R. Address Meridian

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

453 115 035 458  
1. PLACE OF BIRTH  
County of My Green  
City of St. Joseph  
No. St. Joseph St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

231706  
S

RECEIVED MAY 9 1935  
Richard Merlen Meacham

Registration District No. 1009 State File No. 231706  
Prim. Registration District No. 96 Local Registrar's No. S

2. FULL NAME OF CHILD Richard Merlen Meacham  
3. Sex Male If plural births { 4. Twin, triplet, or other ..... 6. Premature ..... 7. Legitimate? X 8. Date of birth 4-15-1935  
(Month, Day, Year)

9. Full name FATHER Merlin Leo Meacham 18. Full maiden name MOTHER Margaret Eunice Meyer  
10. Residence (usual place of abode) Clarkston 19. Residence (usual place of abode) Clarkston  
(If non-resident give place and State) Clarkston (If non-resident give place and State) Clarkston  
11. Color or race white 12. Age at last birthday 35 (years) 20. Color or race white 21. Age at last birthday 35 (years)  
13. Birthplace (city or place) Malama Oregon 22. Birthplace (city or place) Clarkston  
(State or country) (State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheep Raiser</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 19. ....	25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work ..... 19. ....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. No. 3 + Gamma Solution  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn 1  
29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report ..... (Date of) .....  
Registarr. Lewiston, Idaho  
Filed May 14, 1935 J. M. Lyle Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

355-108038-331

1. PLACE OF BIRTH  
County of Payette  
City of Payette  
No. 4 miles south

(If born in hospital, institution give name.)

RECEIVED MAY 6 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

231754  
S

Registration District No. 4 State File No. \_\_\_\_\_

Prim. Registration District No. 1008 Local Registrar's No. 28

2. FULL NAME OF CHILD

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar 8</u> , 193 <u>5</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Henry James Lee</u>				18. Full maiden name MOTHER <u>Irma Leving Clark</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>45</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>40</u> (years)
13. Birthplace (city or place) (State or country) <u>Wahoe Neb.</u>				22. Birthplace (city or place) (State or country) <u>Mayville Iowa</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Fruit Farm</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>  </u>				25. Date (month and year) last engaged in this work <u>now</u> , 19 <u>  </u>	
17. Total time (years) spent in this work <u>16</u>				26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation <u>9</u> months or weeks		29. Cause of stillbirth <u>abruptio Placenta</u>		Before labor <u>✓</u> During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 a.m. on the date above stated.  
(LIVE BORN OR STILLBORN)  
(Signed) Arthur Delknap, M. D.  
or \_\_\_\_\_, Midwife  
Address Centuria Oregon  
Filed 3/8/35, 1935 J. C. Woodward  
Registrar.



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

CERTIFICATE OF ATTENDANCE BY SCHOOL OF MIDWINTER

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

At time of birth and to the date of birth: 1 (1) Born alive but now dead

Number of children of this mother: 1 (1) Born alive but now dead

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 6 1935

PLACE OF DEATH

County of Payette  
City of Payette

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93518

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 19

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Male infant

(a) Residence. No. Payette Idaho Rt 1 St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
March 8 - 1936

7. AGE Years Months Days  
0

8. Trade, profession, or particular kind of work done, as spinners  
sawyer, bookkeeper, etc. Stillborn infant

9. Industry or business in which work was done, as silk mill  
saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Payette Idaho  
(State or country)

13. NAME Henry James Lee

14. BIRTHPLACE (city or town) Wahpo  
(State or country) neb.

15. MAIDEN NAME Mrs. Leona Clark

16. BIRTHPLACE (city or town) Maupville  
(State or country) Kansas

17. INFORMANT Henry James Lee  
(Address) Payette Id

18. BURIAL, CREMATION OR REMOVAL  
Place Kansas Id Date 3/8 1935

19. UNDERTAKER Henry James Lee  
(Address) Payette Id

20. FILED 3/8/35 1935 J. C. Woodward  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1935, to Mar 8 1935.

I last saw Stillborn 1935; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Abruptio Placenta

Other contributory causes of importance:  
Premature rupture of membranes

Date of onset  
?

Feb 24 - 35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ... Date of injury, 1935.  
Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify \_\_\_\_\_  
(Signed) Roderic J. Knap M. D.  
(Address) Ontario, Oregon



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819 701 - 041 - 595

1. PLACE OF BIRTH  
County of Idaho  
City of Boise  
No. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 231822

Registration District No. 77 State File No. S  
Prim. Registration District No. 2176 Local Registrar's No. 13

2. FULL NAME OF CHILD David Walton Harris

3. Sex M If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature + 7. Legitimate Yes 8. Date of birth May 1 - 1935  
(Month, Day, Year)

9. Full name FATHER May Walton Harris 18. Full maiden name MOTHER Bertha Quinn

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 33 (years) 20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Carroll (State or country) Oregon 22. Birthplace (city or place) Woodland (State or country) Wash.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, 9 mo. } months } 30. Cause of stillbirth Profound cord preceding cervical dilatation  
period of gestation \_\_\_\_\_ or weeks \_\_\_\_\_ } Before labor \_\_\_\_\_ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

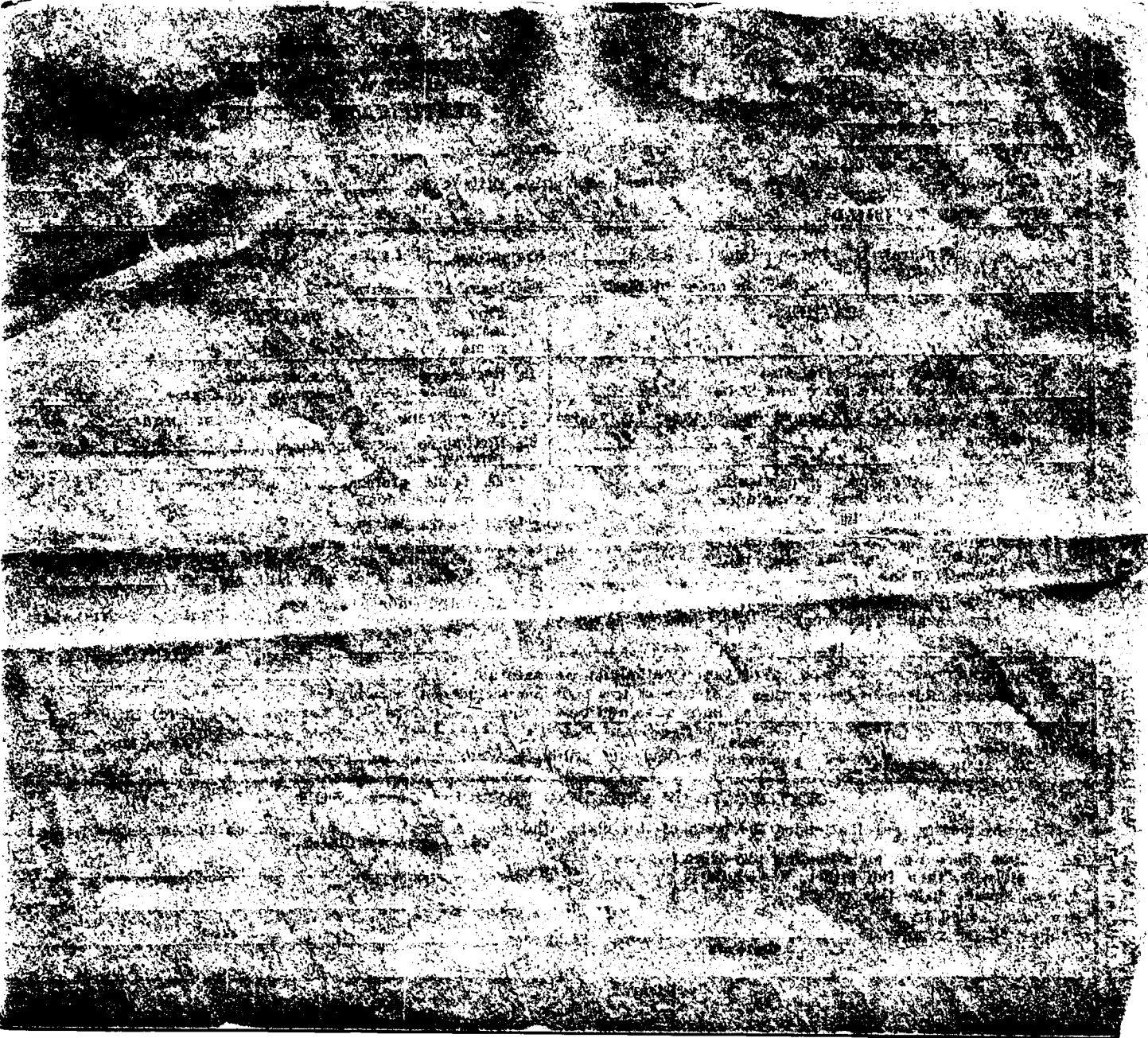
I hereby certify that I attended the birth of this child, who was born on the date above stated.  
(Born, Stillborn, or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. R. Reese, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Boise, Idaho  
Filed May 7-35, 1935 Libbie M. Greene  
Registrar.



RECEIVED MAY 10 1935

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Teton  
City of Driggs

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 77Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 93552Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME David Hallon Harris(a) Residence. No. 206 St. Bain, Idaho  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
May 1, 19358. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Since born  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town). Driggs, Idaho  
(State or country)13. NAME Max Harris14. BIRTHPLACE (city or town). Corvallis, Oregon  
(State or country)15. MAIDEN NAME Bertha Quinn16. BIRTHPLACE (city or town). Woodland, Wash.  
(State or country)17. INFORMANT Mary H. Farmer  
(Address) Sams Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Driggs Date May 3, 1935

19. UNDERTAKER (Address)

20. FILED May 7, 1935 Alvin M. Greene  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/1 193522. I HEREBY CERTIFY, That I attended deceased from  
....., 193....., to ..... , 193.....I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:Asphyxia

Other contributory causes of importance:

Prolapsed umbilical cord during birth

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....(Signed) L. R. Redner M. D.(Address) Driggs, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH MISSOURI  
County of Jackson  
City of Jackson  
No. \_\_\_\_\_ St. \_\_\_\_\_  
County General Hospital  
(If born in hospital or institution give name)  
Registration District No. 87 State File No. S  
Prim. Registration District No. 2186 Local Registrar's No. 186

2. FULL NAME OF CHILD Baby Ruth Stillbirth

3. Sex Male If plural births { 4. Twin, triplet or other \_\_\_\_\_ 6. Premature Yes Legiti-  
5. Number, in order of birth 1 Full term Yes mate? Yes 8. Date of birth 4-21, 1935  
(Month, Day, Year)

9. Full name Raymond Carol Ruth FATHER 18. Full maiden name Aramad Denning MOTHER  
10. Residence (usual place of abode) Funkley, Mo. 19. Residence (usual place of abode) Funkley, Mo.  
(If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 18 (years)  
11. Color or race W 12. Age at last birthday 26 (years)  
13. Birthplace (city or place) Valdosta, Nebraska 22. Birthplace (city or place) Nebraska  
(State or country) 23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work April, 1935 17. Total time (years) spent in this work 2 yrs  
18. Date (month and year) last engaged in this work \_\_\_\_\_ 19. \_\_\_\_\_ 20. \_\_\_\_\_  
21. Total time (years) spent in this work \_\_\_\_\_ 22. \_\_\_\_\_ 23. \_\_\_\_\_  
24. Date (month and year) last engaged in this work \_\_\_\_\_ 25. \_\_\_\_\_ 26. \_\_\_\_\_  
27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation 5 1/2 months or weeks 30. Cause of stillbirth \_\_\_\_\_  
(a) Before labor \_\_\_\_\_ (b) During labor \_\_\_\_\_

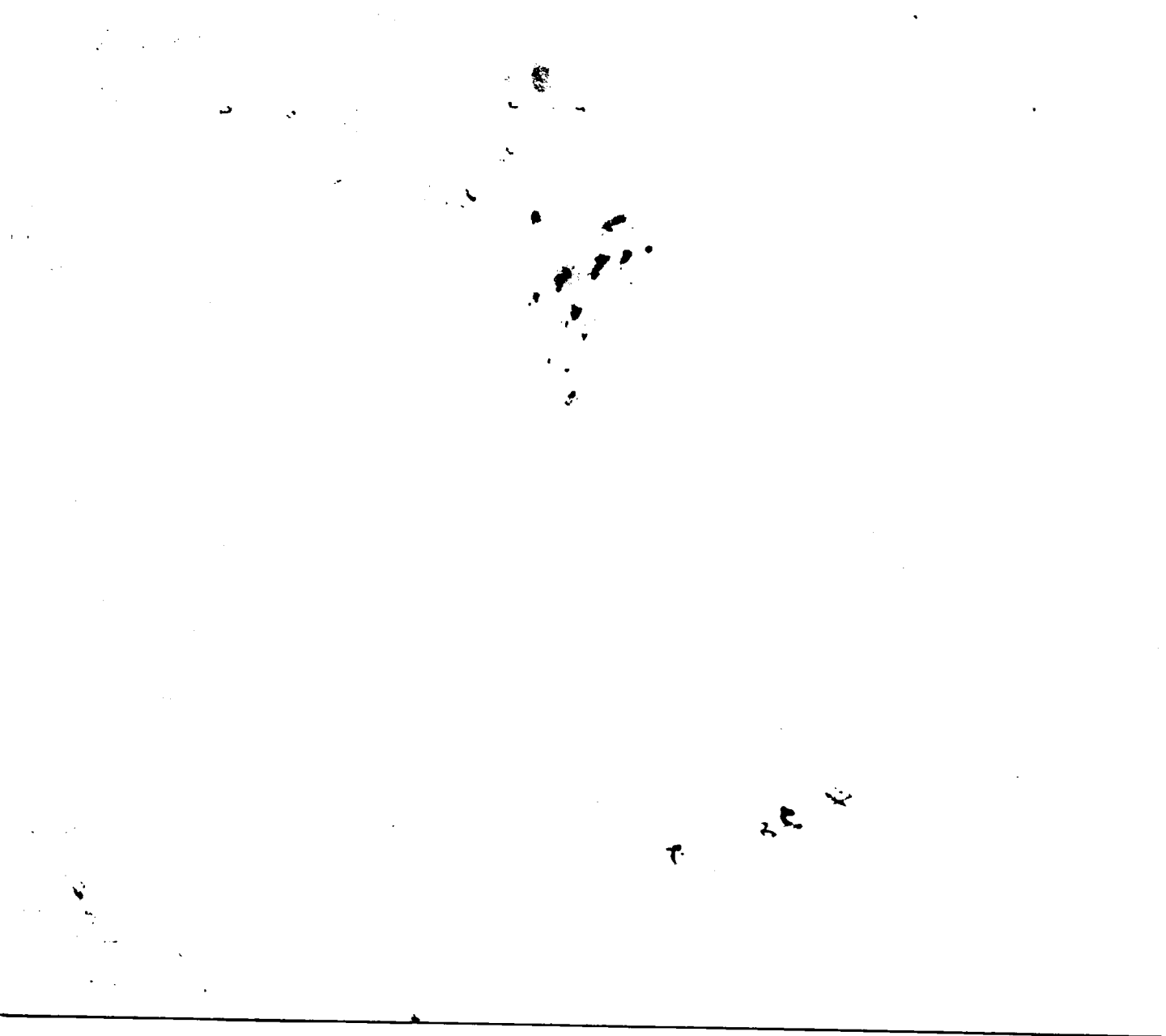
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Reynold M. D.  
or \_\_\_\_\_ Midwife  
Address \_\_\_\_\_  
Filed May 7, 1935  
Registrar. J. C. Humphrey

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Registrar.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 10 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94350

County of Twin Falls Registration District No. 29  
City of Twin Falls Primary Registration District No. 2085

Local Registrar's No. 119

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby Ruth (Stillborn)

(a) Residence. No. Kimberley, Idaho St.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single? Married, Widowed, or Divorced (write the word) Single

16 DATE OF DEATH - stillborn  
Apr. 21 1935  
(Month) (Day) (Year)

5a If married, widowed, or divorced None  
HUSBAND of Single  
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from 4-21, 1935, to 4-21, 1935, that I last saw him alive on stillborn, 1935, and that death occurred, on the date stated above, at 12:22 p. m.

6 DATE OF BIRTH (month, day and year) Apr 21 1935  
7 AGE Years Months Days 1 if LESS than day, hrs. or min. 0 0 0 8

The CAUSE OF DEATH\* was as follows:  
Stillborn - Premature  
Premature Separation of Placenta  
(duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None - infant  
(b) General nature of industry, business, or establishment in which employed (or employer) None  
(c) Name of employer

CONTRIBUTORY None  
(Secondary) (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) Twin Falls  
(State or country) Idaho

18 Where was disease contracted Place of Birth  
If not at place of death?

10 NAME OF FATHER Raymond Carol Routh

Did an operation precede death? No Date of

11 BIRTHPLACE OF FATHER (city or town) Halstein, Nebr.  
(State or country)

Was there an autopsy? No

12 MAIDEN NAME OF MOTHER Cramond Henning

What test confirmed diagnosis? Clinical  
(Signed) Dr. Alexander Beymer M. D.

13 BIRTHPLACE OF MOTHER (city or town) Topeka, Kans.  
(State or country)

(Address) Twin Falls, Idaho

14 Informant [Signature]  
(Address)

19 Place of Burial, Cremation, or Removal [Signature] Date of Burial 19

15 Filed 6-23 - 1935

20. Undertaker [Signature] Address [Signature]



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

**DUTY OF LOCAL REGISTRARS** —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

765 710-1935  
RECEIVED APR 13 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE -  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231898

PLACED IN  
County of Blaine  
City of Turn Falls  
No. St

County General Hospital  
(If born in hospital or institution give name.)

Registration District No. 37 State File No. 2

Prim. Registration District No. 1985 Local Registrar's No. 130

2. FULL NAME OF CHILD Raymond Dale Stevens

3. Sex male (If plural births) 4. Twin, triplet, or other 0 6. Premature 0 7. Legiti-  
Full term yes mate yes 8. Date of birth 3-10-1935  
(Month, Day, Year)

9. Full name Elmer Raymond Stevens FATHER 18. Full maiden name Helen May Hildeman MOTHER

10. Residence (usual place of abode) E. J. Zebeth Ave. 19. Residence (usual place of abode) E. J. Zebeth Ave.  
(If non-resident, give place and State) Turn Falls (If non-resident, give place and State) Turn Falls

11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 17 (years)

13. Birthplace (city or place) Turn Falls 22. Birthplace (city or place) Turn Falls  
(State or country) Idaho (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Buyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Melboman Produce Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Quit Home

16. Date (month and year) last engaged in this work March 1925 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work 0 19. 0 26. Total time (years) spent in this work 0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 0 months or weeks 30. Cause of stillbirth Cerebrin Section Before labor 0 During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 3:30 p.m. on the date above stated.  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Charles B. Byrner, M. D.

Give name added from a supplemental report Devin Falls - Ida or Midwife

(Date of) Apr. 12 Address Devin Falls - Ida Filed Apr. 12, 1935 35 Registrar J. B. Byrner



MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 123 11 1935

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE  
State File No. 93157

County of Twin Falls  
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37  
Primary Registration District No. 1085 Local Registrar's No. 47

(No. Twin Falls Gen. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Lale Givens

(a) Residence. No. 327 4th East St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>****</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>****</u>				
6. DATE OF BIRTH (month, day, and year) <u>March - 10 - 1925</u>				
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>****</u>			
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			
	10. Date deceased last worked at this occupation (mo. and yr.)			
MOTHER/FATHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (city or town) <u>Twin Falls</u> (State or country) <u>Idaho</u>			
MOTHER/FATHER	13. NAME <u>Elmer Givens</u>			
	14. BIRTHPLACE (city or town) <u>Altamont</u> (State or country) <u>Penn.</u>			
MOTHER/FATHER	15. MAIDEN NAME <u>Helen Wildman</u>			
	16. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>			
17. INFORMANT <u>Elmer Givens</u> (Address) <u>327 4th East</u>				
18. BURIAL, CREMATION OR REMOVAL Place <u>Twin Falls</u> Date <u>3/12/1935</u>				
19. UNDERTAKER <u>S. C. Phillips</u> (Address) <u>Twin Falls, Ida.</u>				
20. FILE NO. <u>8-12-35</u> 1935 <u>J. P. Humphrey</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year)	<u>3/10/1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>3-10-</u> , 1935, to <u>Mar 10</u> , 1935.	
I last saw him/her on <u>Mar 10</u> 1935. death is said to have occurred on the date stated above, at <u>2:30 p.m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>Stillborn - full term</u>	
Other contributory causes of importance:	
Name of operation <u>None</u> Date of <u>clinical</u>	
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>1935</u>	
Where did injury occur? <u>No</u> (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify	
(Signed) <u>Chas. O. Beymer</u> M. D.	
(Address) <u>Twin Falls, Ida.</u>	

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED MAY 11 1930  
County of Valley  
City of Cascade  
No. .... St. ....

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231906

S

Registration District No. 15 State File No. ....  
(If born in hospital or institution give name.) Prim Registration District No. .... Local Registrar's No. 14  
FULL NAME OF CHILD Fullbirth at 6 1/2 mos. of pregnancy  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <u>Yes</u> Triplet or other (To be answered only in event of plural births)	and	Number in order of birth <u>Two</u>	Legitimate? <u>Yes</u>	Date of birth <u>April 14</u> , 19 <u>35</u> (Month) (Day) (Year)
----------------------------	---	-----	-------------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 7 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 2

FATHER	MOTHER
FULL NAME <u>Otto John Breidenbach</u>	FULL NAME <u>Cecilia Antoinette Curley</u>
Residence (Usual place of abode) <u>Cascade</u>	Residence (Usual place of abode) <u>Cascade</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
Color or race <u>White</u> Age at last birthday <u>28</u>	Color or race <u>White</u> Age at last birthday <u>25</u>
Birthplace <u>Augusta, Montana</u> (City and State or County)	Birthplace <u>Simons, Montana</u> (City and State or County)
Occupation <u>Tractor Operator</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 10:00 P. M.  
on the date above stated.

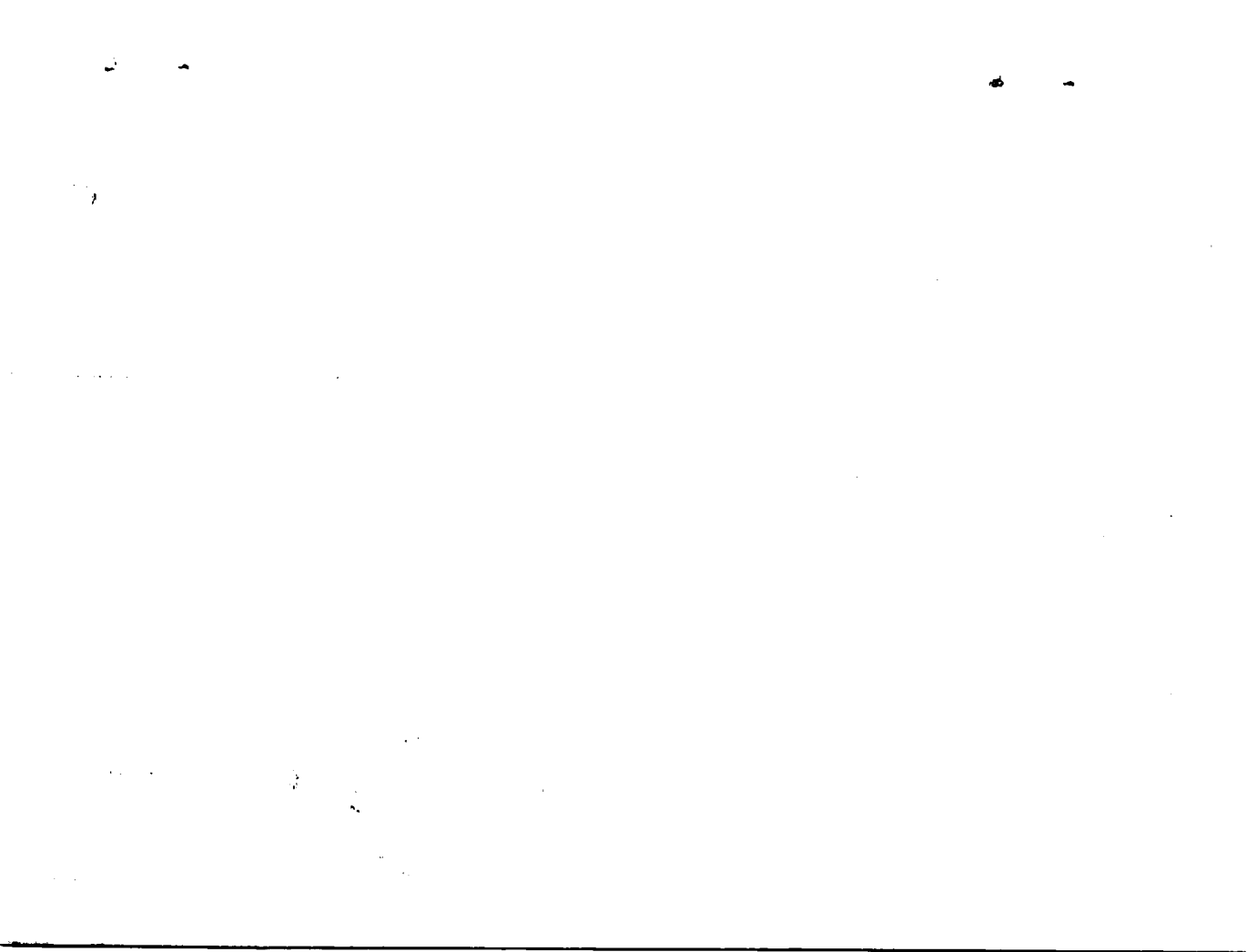
(Signature) Robert C. Ward

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Cascade, Idaho

Filed Apr 30 1935 M. J. Gardner Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
County of Valley  
City of Cascade

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

93581

State File No. ....

Registration District No. 15

Primary Registration District No. ....

Local Registrar's No. 4

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn(a) Residence. No. Cascade St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color & Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 14 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cascade, Idaho

13. NAME Otto John Brudenbach

14. BIRTHPLACE (city or town) (State or country) Augusta, Mont.

15. MAIDEN NAME Cecilia G. Couler

16. BIRTHPLACE (city or town) (State or country) Sierra Vista, Mont.

17. INFORMANT Otto J. Brudenbach

(Address)

18. BURIAL, CREMATION OR REMAINS

Place Cascade, Idaho April 14, 1935

19. UNDERTAKER Cascade, Idaho

(Address)

20. FILED April 15, 1935 H. J. Brudenbach

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935, to April 14, 1935.

Last saw her alive on April 14, 1935; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Stillbirth at 6 1/2 months of pregnancy

2nd of pair of twins

Cause of premature

Other contributory causes of importance:

labor unassisted

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) George C. Warg M. D.

(Address) Cascade, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Bell  
City of Cascade  
No. ....

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231907

S

Registration District No. 15 State File No. ....  
(If born in hospital name of hospital give) Prime Registration District No. .... Local Registrar's No. 15  
FULL NAME OF CHILD Helmar at 6 1/2 mo of pregnancy  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <u>Yes</u> Triplet <u>No</u> or other <u>No</u> (To be answered only in event of plural births)	and	Number in order of birth <u>One</u>	Legitimate? <u>Yes</u>	Date of birth <u>April 14</u> , 19 <u>35</u> (Month) (Day) (Year)
----------------------------	---	-----	-------------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Otto John Breidenbach  
Residence Cascade  
(Usual place of abode)  
If non-resident, give place and State Idaho  
Color or race White Age at last birthday 28 (Years)  
Birthplace Augusta Mont.  
(City and State or Country)  
Occupation Doctor operator

MOTHER  
FULL MAIDEN NAME Cecilia Antoinette Curley  
Residence Cascade  
(Usual place of abode)  
If non-resident, give place and State Idaho  
Color or race White Age at last birthday 25 (Years)  
Birthplace Simms Montana  
(City and State or County)  
Occupation Teacher

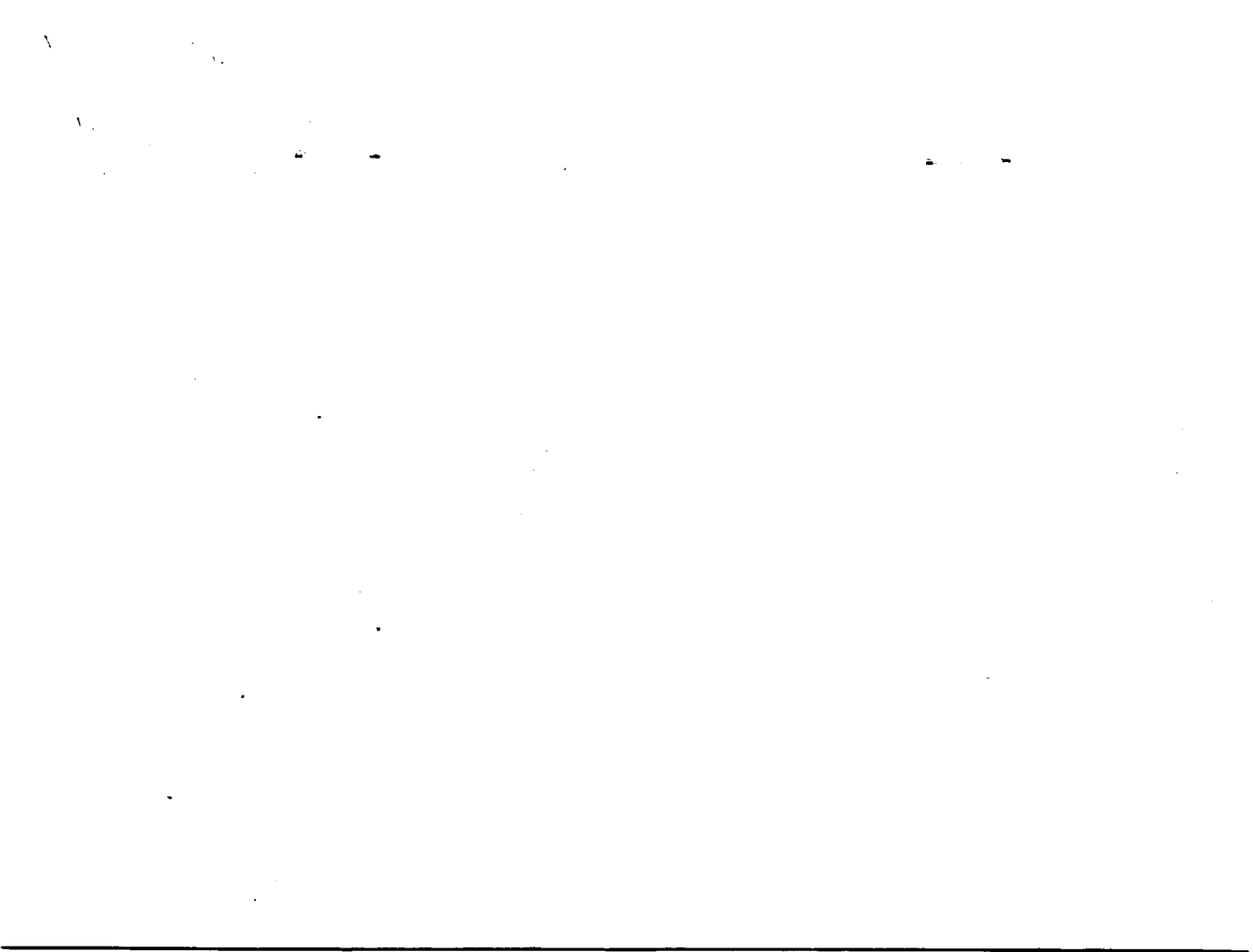
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 1000 a M.  
on the date above stated.

(Signature) Sacred by and  
Dr. J. D.  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Cascade Idaho  
Filed Apr 30 1935 Dr. J. D. Registrar



RECEIVED MAY 4 1935

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Valley</u>		<b>CERTIFICATE OF DEATH</b>		State File No. <u>93580</u>	
City of <u>Cascade</u>		Registration District No. <u>15</u>			
Primary Registration District No. _____		Local Registrar's No. <u>3</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stallborn</u>					
(a) Residence. No. <u>Cascade</u> <u>Ida.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)					
How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single. Married, Widowed or Divorced (write the word) <u>Single</u>	21. DATE OF DEATH (month, day and year) <u>April 14 1935</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from <u>April 14</u> , 193 <u>5</u> , to <u>April 14</u> , 193 <u>5</u> .		
6. DATE OF BIRTH (month, day, and year) <u>April 14 1935</u>			I last saw her alive on <u>April 14, 1935</u> ; death is said to have occurred on the date stated above, at _____ m.		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day, ... hrs. or ... min.		The principal cause of death and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as <u>sewerer</u>	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		Date of onset _____		
10. Date deceased last worked at this occupation (mo. and yr.) _____	11. Total time (years) spent in this occupation _____		_____		
12. BIRTHPLACE (city or town) (State or country) <u>Cascade, Idaho</u>	13. NAME <u>Otto John Brudenbach</u>		Other contributory causes of importance: _____		
14. BIRTHPLACE (city or town) (State or country) <u>Augusta, Mont.</u>	15. MAIDEN NAME <u>Pecelia G. Burkley</u>		Name of operation _____ Date of _____		
16. BIRTHPLACE (city or town) (State or country) <u>Simons, Mont.</u>	17. INFORMANT <u>Otto Brudenbach</u>		What test confirmed diagnosis? ... Was there an autopsy? ...		
18. BURIAL, CREMATION OR REMOVAL <u>Muskeget Cemetery</u>	19. UNDERTAKER <u>A. D. Roth</u>		23. If death was due to external causes (violence) fill in also the following:		
20. FILED <u>April 30 1935</u>	21. REGISTRAR <u>N. Brudenbach</u>		Accident, suicide, or homicide? ... Date of injury ... 193 <u>5</u> .		
			Where did injury occur? (Specify city or town, county, and state)		
			Specify whether injury occurred in industry, in home, or in public place.		
			Manner of injury _____		
			Nature of injury _____		
			24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____		
			(Signed) <u>George D. Dargatzis</u> , M. D.		
			(Address) <u>Cascade, Idaho</u>		

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

917 123 001 813

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 231970

Registration District No. 2 State File No. 297  
Prim. Registration District No. 1004 Local Registrar's No.

1. PLACE OF BIRTH  
County of Ada  
City of Boise  
No. St.  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>L</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>2 1/2 weeks</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>5-3-1932</u> (Month, Day, Year)
9. Full name FATHER <u>J. H. Bagdale</u>		18. Full maiden name MOTHER <u>E. L. Hall</u>			
10. Residence (usual place of abode) (If non-resident, give place and state) <u>Star, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Star, Idaho</u>			
11. Color or race <u>L</u>	12. Age at last birthday <u>5</u> (years)	20. Color or race <u>L</u>	21. Age at last birthday <u>36</u> (years)		
13. Birthplace (city or place) (State or country) <u>Halfway, Missouri</u>		22. Birthplace (city or place) (State or country) <u>Star, Idaho</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>D. H. Kennedy</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>			
16. Date (month and year) last engaged in this work <u>Feb. 1930</u>		25. Date (month and year) last engaged in this work <u>Nov. 1931</u>		26. Total time (years) spent in this work <u>12 yrs</u>	
17. Total time (years) spent in this work <u>3 yrs</u>					

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn 1  
29. If stillborn, period of gestation 7 mo. months or weeks 30. Cause of stillbirth Unknown  
Before labor. During labor.

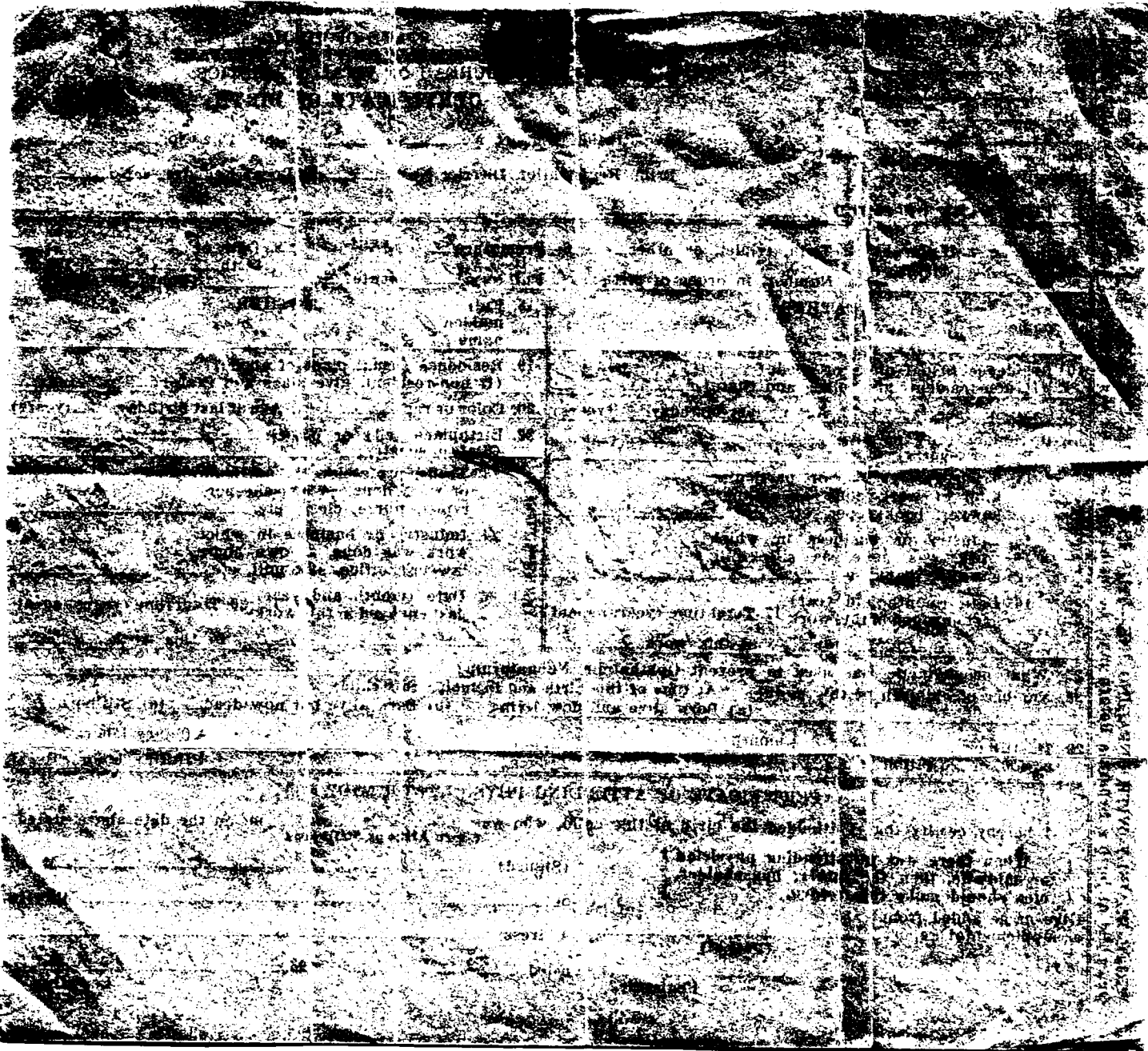
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 3 3/4 m. on the date above stated.  
(Born alive and stillborn)

(Signed) J. M. Boynton, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report. (Date of)

Address \_\_\_\_\_  
Filed 5-16-1932 W. H. Phalen  
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004 Local Registrar's No. 128(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delta L. Ragsdale(a) Residence. No. Star, Idaho St. Star

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 3, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Still Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Boise, Idaho (State or country)13. NAME Fred W. Ragsdale14. BIRTHPLACE (city or town) Mo. (State or country)15. MAIDEN NAME Ella Hall16. BIRTHPLACE (city or town) Idaho (State or country)17. INFORMANT Fred W. Ragsdale (Address) Star, Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Star Date 5-4, 193519. UNDERTAKER Wm. McBratney (Address) Boise, Idaho20. FILED 5-4, 1935 W. N. Rhodes Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 93780

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/3 193522. I HEREBY CERTIFY, That I attended deceased from 5/3, 1935, to 5/3, 1935.I last saw her alive on 5/3, 1935; death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity about 5/3 '35  
28 wks. gestation

Other contributory causes of importance:

Mother had had 6 or 7 previous miscarriagesName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1935Where did injury occur? None (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) W. N. Rhodes M. D. (Address) Boise, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

**THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**

*Atherosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

**THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada  
City of Okmulgee  
No. 1004 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

231982

S

Registration District No. 2 State File No. 264

(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 264

FULL NAME OF CHILD Stillborn Rhoda Darlene Carter

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input type="checkbox"/>	and { Number in order of birth <u>X</u> }	Legitimate <input checked="" type="checkbox"/> or illegitimate <input type="checkbox"/>	Date of birth <u>Apr. 4</u> 19 <u>35</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth one (a) Born alive and now living 0

Born alive but now dead one Stillborn

FULL NAME <u>Dale Carter</u>	FATHER	FULL MAIDEN NAME <u>Louise Wood</u>	MOTHER
------------------------------	--------	-------------------------------------	--------

Residence (Usual place of abode) Brise Ida

If nonresident, give place and State Ida

Color or race White Age at last Birthday 25 (Years)

Birthplace Idaho (City and State or Country)

Occupation Taxi driver

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 11:15 A. M. on the date above stated.

Full term (Signature) Dr. J. H. Hume

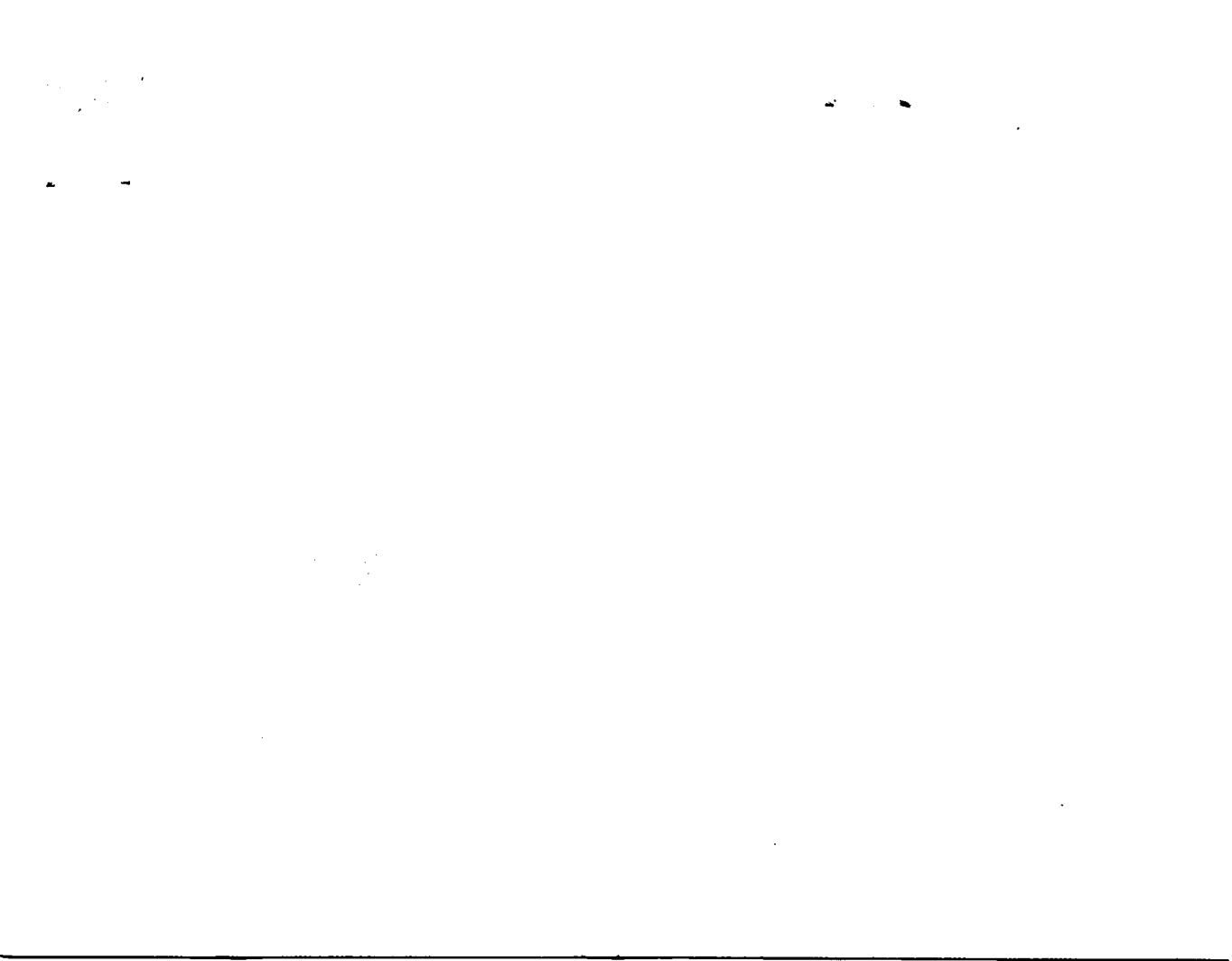
\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address W. H. Rhodes

Filed 5-6 1935

Registrar.



MARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Ada	<b>CERTIFICATE OF DEATH</b>		State File No. <b>93222</b>	
City of	Boise.				
Registration District No. <b>2</b>		Primary Registration District No. <b>1004</b>		Local Registrar's No. <b>95</b>	
(No. <b>St Lukes Hospital.</b> )		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <b>Rhoda Darlene Carter.</b>					
(a) Residence. No. <b>R.D. # 5.</b>		St. <b>206</b>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <b>Female.</b>	4. Color or Race <b>White.</b>	5. Single, Married, Widowed or Divorced (write the word) <b>Single.</b>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <b>April, 4, 1935.</b>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or .... min.	
8. Trade, profession, or particular kind of work done, as <b>spinner, sawyer, bookkeeper, etc.</b>					
9. Industry or business in which work was done, as <b>silk mill, saw mill, bank, etc.</b>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <b>Boise, Idaho.</b> (State or country)					
13. NAME <b>Dale. D. Carter.</b>					
14. BIRTHPLACE (city or town) <b>Boise, Ida.</b> (State or country)					
15. MAIDEN NAME <b>Louine Wood.</b>					
16. BIRTHPLACE (city or town) <b>Macon, Mo.</b> (State or country)					
17. INFORMANT <b>Dale. D. Carter.</b> (Address) <b>R.D. # 5, Boise, Idaho.</b>					
18. BURIAL, CREMATION OR REMOVAL <b>Morris Hill Cemetery, April, 6, 1935.</b>					
19. UNDERTAKER <b>Summers Funeral Home.</b> (Address) <b>Boise, Idaho.</b>					
20. FILED <b>4-5, 1935</b> <b>W. H. Rhoades</b> Registrar.					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day and year) <b>4-4 1935</b>					
22. I HEREBY CERTIFY That I attended deceased from <b>4-4 1935</b> to <b>4-4 1935</b>					
I last saw <b>her</b> alive on <b>4-4 1935</b> ; death is said to have occurred on the date stated above, at .....m.					
The principal cause of death and related causes of importance were as follows:					
<b>Still born</b>					
Other contributory causes of importance:					
<b>Undetermined</b>					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 1935.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so specify					
(Signed) <b>Dr. J. J. Kearney</b> , M. D.					
(Address) .....					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

449-201 001-765  
1. PLACE OF BIRTH  
County of Ada  
City of Paicines  
No. 1111 St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231995

Registration District No. 2 State File No. \_\_\_\_\_  
Prim. Registration District No. 1004 Local Registrar's No. 257

2. FULL NAME OF CHILD

3. Sex M. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature Yes Full term \_\_\_\_\_ 7. Legiti- mate? Yes 8. Date of birth 5-1 1925  
(Month, Day, Year)

9. Full name FATHER

Thaddeus William P. Goff

10. Residence (usual place of abode) Route 3  
(If non-resident, give place and State) Idaho

11. Color or race W. 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Virgin, Tex.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Self-employed

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work Feb. 1925  
17. Total time (years) spent in this work 10

18. Full maiden name MOTHER

Bertha May Donoho

19. Residence (usual place of abode) Paicines  
(If non-resident, give place and State) Idaho

20. Color or race W. 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Idin, Illinois  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work October 1923  
26. Total time (years) spent in this work 11 3/4

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 mo. months or weeks 30. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) W. H. Rhodes, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed 5-1 1925 W. H. Rhodes

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

MEMORANDUM FOR THE ATTORNEY GENERAL

TO: THE ATTORNEY GENERAL

FROM: THE ATTORNEY GENERAL

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 11 1935

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Ada</i>	Registration District No. <i>2</i>		State File No. <i>92806</i>	
City of	<i>Boise</i>	Primary Registration District No. <i>1004</i>		Local Registrar's No. <i>63</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.)		(No. <i>St. Alphonsus Hospital</i> )			
2. FULL NAME <i>Jaqueline Dir</i>					
(a) Residence No. <i>Collister Platten St.</i>					
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <i>March 1</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<i>Still Born</i>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <i>Boise</i> (State or country)					
FATHER					
13. NAME <i>Jack Dir</i>					
14. BIRTHPLACE (city or town) <i>Nebraska</i> (State or country)					
MOTHER					
15. MAIDEN NAME <i>Bertha Donoho</i>					
16. BIRTHPLACE (city or town) <i>Ill.</i> (State or country)					
17. INFORMANT <i>Jack Dir</i> (Address) <i>Boise</i>					
18. BURIAL, CREMATION, OR REMOVAL <i>Mary's Hill</i> Place <i>Boise</i> Date <i>3-11-35</i> , 193 <i>5</i>					
19. UNDERTAKER <i>Schneider &amp; W. Baum</i> (Address) <i>Boise</i>					
20. FILED <i>3-4</i> , 193 <i>5</i> <i>W. H. Rhodes</i> Registrar. (Address) <i>Collister Platten St.</i>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>3/1</i> , 193 <i>5</i>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <i>5</i> , to _____, 193 <i>5</i> .					
I last saw him alive on _____, 193 <i>5</i> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<i>Stillborn</i>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <i>5</i>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <i>Dr. Collister</i> M. D.					
(Address) _____					

Collister



# UNITED STATES STANDARD CERTIFICATE OF DEATH

NOV 23 2004

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Bozeman, Ida.</u> No. <u>St. Luke's Hosp.</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <b>S232001</b> Registration District No. <u>2</u> State File No. <u>1004</u> Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>201</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>7.</u>	If plural births {	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term <u>✓</u>
		7. Legitimate? <u>yes.</u>	8. Date of birth <u>April 15</u> 193 <u>5</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>R. Kenneth Rice</u>		18. Full maiden name <u>MOTHER</u> <u>Bessie Louise Rankin</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1510 W. Bay</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>same.</u>	
11. Color or race <u>W.</u>		12. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Bozeman City, Ida.</u>		20. Color or race <u>W.</u>	
		21. Age at last birthday <u>25</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cash Bazar</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>None</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>One</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 P. m. on the date above stated.  
(Be a true statement)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

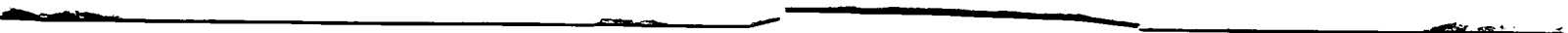
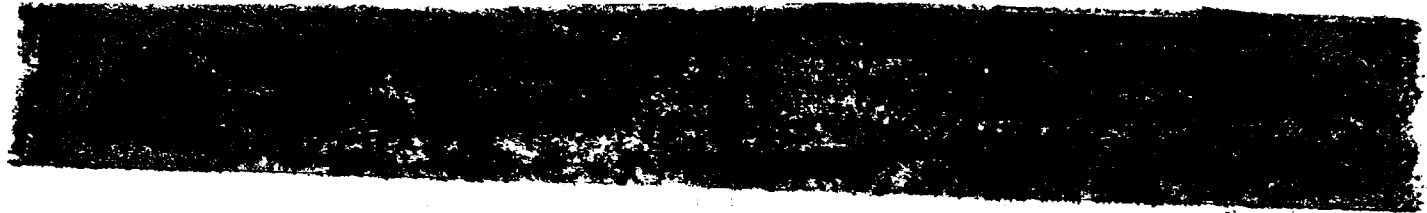
(Signed) Bruce C. Budye, M. D.

or M.B.K. Midwife

Address Bozeman, Idaho

Filed 5-2, 1935 W. H. Rhodes

Registrar.



MARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		CERTIFICATE OF DEATH		State File No. <u>93225</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>106</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St Lukes Hospital.</u> )			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Jewle Rice.</u>					
(a) Residence, No. <u>1510. West Bannock Street.</u> St. <u></u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female.</u>		4. Color or Race <u>White.</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>April. 15. 1935.</u>					
7. AGE Years		Months	Days	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>None.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
13. NAME <u>R. Kenneth Rice.</u>					
14. BIRTHPLACE (city or town) <u>Hill City, Idaho.</u> (State or country)					
15. MAIDEN NAME <u>Bessie Louise Rankin.</u>					
16. BIRTHPLACE (city or town) <u>Indiana.</u> (State or country)					
17. INFORMANT <u>R. Kenneth Rice.</u> (Address) <u>1510. Bannock Street.</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Morris Hill Cemetery. Apri. 16. 1935.</u> Place. Date.					
19. UNDERTAKER <u>Summers Funeral Home.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>4-16, 1935.</u> <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4-15 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from ... 193... to ... 193... I last saw him alive on <u>april 15</u> , 193... death is said to have occurred on the date stated above, at ... m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of ...					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 193... Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ...					
Manner of injury ...					
Nature of injury ...					
24. Was disease or injury in any way related to occupation of deceased? ... go, specify ... (Signed) <u>Boyle Bridge</u> M. D. (Address) <u>Boise</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

849-217003-45

RECEIVED JUN 10 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

232053

1. PLACE OF BIRTH  
County of, Bannock  
City of, Pocatello  
No. 101 S. Johnson St.  
Pocatello General Hospital  
(If born in hospital or institution give name.)

Registration District No. 28 State, File No. \_\_\_\_\_  
Prim. Registration District No. 3/61 Local Registrar's No. 797

2. FULL NAME OF CHILD Agnes Dean Quick

3. Sex <u>Female</u>	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 17, 1935</u> (Month, Day, Year)
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FATHER		MOTHER	
9. Full name <u>Paul Timson Quick</u>	18. Full maiden name <u>Hallie Vee Dean</u>	10. Residence (usual place of abode) <u>244 N. Hayes</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Same</u> (If non-resident, give place and State)
11. Color or race <u>White</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or country)	22. Birthplace (city or place) <u>McBride, Mo.</u> (State or country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Associate Biologist</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>U. S. Dept. Agriculture</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent <u>Now employed</u> , 19.....	17. Total time (years) spent <u>Now employed</u> , 19.....	26. Total time (years) spent in this work <u>4</u>	26. Total time (years) spent in this work <u>4</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation, \_\_\_\_\_ months or weeks  
30. Cause of stillbirth Padole's version Before labor  
Head caught on pelvis During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3:10 a.m. on the date above stated.  
(Born alive but now dead)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. \_\_\_\_\_  
(Date of)

Registrar.

(Signed) A. E. Durin, M. D.  
or \_\_\_\_\_ Midwife  
Address Pocatello, Idaho  
Filed 6/1, 1935 Chay  
Registrar.

OFFICE OF THE  
DIRECTOR OF THE  
BUREAU OF THE  
CENSUS

U.S. DEPARTMENT OF COMMERCE

WASHINGTON, D.C.

REPORT OF THE

COMMISSIONER OF THE

BUREAU OF THE

CENSUS

FOR THE YEAR

1900

AND

THE

RESULTS OF THE

CENSUS

OF 1900

AND

THE

REPORT OF THE

COMMISSIONER OF THE

BUREAU OF THE

CENSUS

FOR THE YEAR

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AND

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RESULTS OF THE

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RESULTS OF THE

CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 13 1935

PLACE OF DEATH

County of Hannock

City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **93622**

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 381

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Hallie Dean Quick

(a) Residence. No. ....

(Usual place of abode)

St. ....

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 17 1935

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho

MOTHER FATHER

13. NAME Paul Quick

14. BIRTHPLACE (city or town) Salt Lake City  
(State or country) Utah

15. MAIDEN NAME Hallie Dean

16. BIRTHPLACE (city or town) McBride  
(State or country) Missouri

17. INFORMANT Paul Quick  
(Address) 244 N. Hayes

18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Moriah Date May 17, 1935

19. UNDERTAKER Downard Funeral Home  
(Address) Pocatello Idaho

20. FILED 5-18, 1935 D C Ray  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to....., 193.....

I last saw h alive on....., 193.....: death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation of  
suppuration  
Boon dead

Other contributory causes of importance:

Pathologic periton  
dead located in  
Druid

Name of operation..... Date of.....

What test confirmed diagnosis? Manual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 193.....

Where did injury occur? ✓  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify.....

(Signed) H. C. J. J. J. M. D.

(Address) Pocatello Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, a separate form must be made for each, and the number of each, in order of birth stated.

H UN

415 106 003 593

RECEIVED JUN 15 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232057

1. PLACE OF BIRTH  
County of Pannock  
City of Pocatello  
No. Route #1, Tyhee St.

Registration District No. 28 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2161 Local Registrar's No. 778

2. FULL NAME OF CHILD Stillborn Davis

3. Sex <u>M.</u>	If plural births {	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature. <u>2 months</u> Full term.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 6</u> , 193 <u>5</u> (Month, Day, Year)
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9. Full name <u>George Jefferson Davis</u>	FATHER	18. Full maiden name <u>Jessie Ireta Nilsson</u>	MOTHER
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10. Residence (usual place of abode) <u>Pocatello, Rt #1</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Pocatello, Rt. #1</u> (If non-resident, give place and State)
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11. Color or race <u>W.</u>	12. Age at last birthday <u>39</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>34</u> (years)
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13. Birthplace (city or place) <u>St. Anthony, Idaho</u> (State or country)	22. Birthplace (city or place) <u>Raymond, Alberta, Canada</u> (State or country)
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation <u>7 mo.</u> months or weeks	30. Cause of stillbirth <u>Membranes ruptured</u>	Before labor. <u>X</u>	During labor.
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 p.m. on the date above stated.  
(If born alive, state date and time of death.)

When there was no attending physician or midwife, then the father, householder, or should make this return.

(Signed) Richard D. Howard, M. D.

or \_\_\_\_\_, Midwife

me added from  
mental report.

(Date of)

Address Pocatello, Idaho

Filed 6/1, 1935 D. C. Ray  
Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

3. The third part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

4. The fourth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

5. The fifth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

6. The sixth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

7. The seventh part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

8. The eighth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

9. The ninth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

10. The tenth part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very short letter, and it is the only one of its kind in the collection. It is a very important document, and it is the only one of its kind in the collection.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 13 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 232074

1. PLACE OF BIRTH  
County of Barnock  
City of Pocatello  
No. St. Anthony Mercy St.  
Hospital  
(If born in hospital or institution give name.)

Registration District No. 28 State File No. \_\_\_\_\_  
Prim. Registration District No. 2/61 Local Registrar's No. 776

2. FULL NAME OF CHILD Stillborn Lyon

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 5/5/35 1935  
(Month, Day, Year)

9. Full name FATHER  
Blaine McLellon Lyon

10. Residence (usual place of abode)  
(If non-resident, give place and State) I215 N Main

11. Color or race W 12. Age at last birthday 20 (years)

13. Birthplace (city or place) Montpelor, Ida  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Intermountain Chevrolet Co.

16. Date (month and year) last engaged in this work present, 1935 17. Total time (years) spent in this work 1mo

18. Full maiden name MOTHER  
Emma Smith

19. Residence (usual place of abode)  
(If non-resident, give place and State) I215 N Main

20. Color or race W 21. Age at last birthday 18 (years)

22. Birthplace (city or place) Turner, Ida  
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work present, 1935 26. Total time (years) spent in this work 9 mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Term { months or weeks

30. Cause of stillbirth Stillborn around neck { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:32 A.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) J. May, M. D.

or \_\_\_\_\_ Midwife

Address Pocatello, Idaho

Filed 6/1, 1935 D. Ray Registrar.



RECEIVED JUN 13 1935

## PLACE OF DEATH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93634

Registration District No. ....

Primary Registration District No. .... Local Registrar's No. 369(No. St. Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kay Dean Lyon(a) Residence. No. 1215 No. Main St. Pocatello, Idaho.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced  
HUSBAND of Infant  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)

13. NAME Blaine M. Lyon

14. BIRTHPLACE (city or town) Montpelier, Idaho.  
(State or country)

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) Turner, Idaho.  
(State or country)

17. INFORMANT Blaine M. Lyon  
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL  
Place Turner, Idaho. Date May 6, 1935

19. UNDERTAKER Arthur W. Hall  
(Address) Pocatello, Idaho.

20. FILED May 6, 1935 May Deputy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
..... May 5....., 1935, to May 5....., 1935.

I last saw her alive on ..... 1935; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lead shot and  
around neck.

Other contributory causes of importance:

(Primipara) fem. joined  
muscles -

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) May M. D.

(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

396720003 343

RECEIVED JUN 13 1935

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. St Anthont Hosp St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
232083

Registration District No. 28 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 798

2. FULL NAME OF CHILD Stillborn Crockett

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>5/20</u> 19 <u>35</u> (Month, Day, Year)
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9. Full name FATHER  
Dave Prather Crockett

18. Full maiden name MOTHER  
Jennie Cutler

10. Residence (usual place of abode)  
(If non-resident, give place and State) 153 Taft

19. Residence (usual place of abode)  
(If non-resident, give place and State) 153 Taft

11. Color or race W | 12. Age at last birthday 22 (years)

20. Color or race W | 21. Age at last birthday 20 (years)

13. Birthplace (city or place) California  
(State or Country)

22. Birthplace (city or place) Inkom Ida  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Service Station

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present, 19\_\_\_\_  
17. Total time (years) spent in this work 1 Yr

OCCUPATION 25. Date (month and year) last engaged in this work Present, 19\_\_\_\_  
26. Total time (years) spent in this work 2 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 34 wks { months or weeks

30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) J. Switzer, M. D.  
or \_\_\_\_\_, Midwife

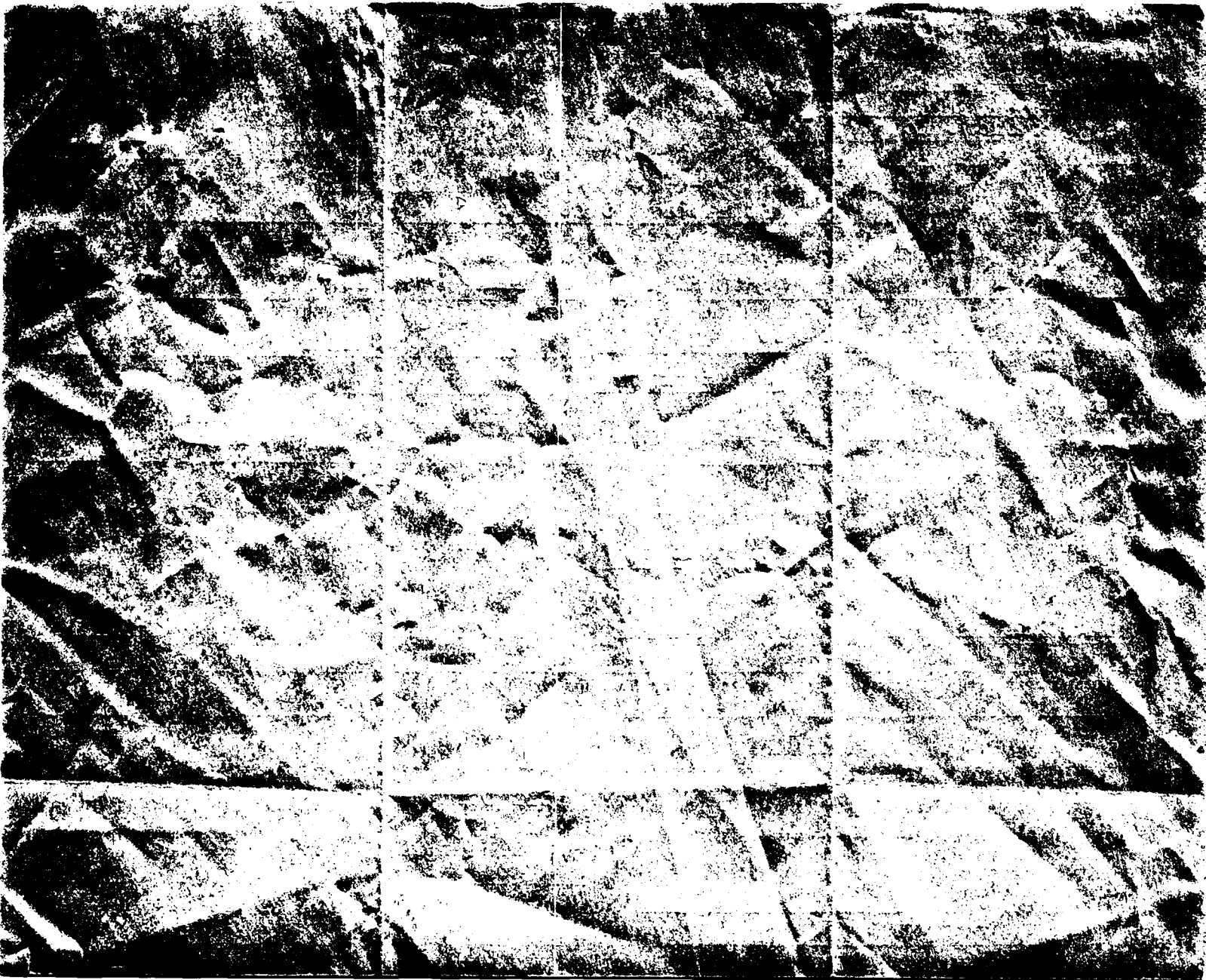
Address Pocatello

Filed 6/1, 1935

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
PLACE OF DEATH  
County of.....Bannock  
City of.....Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **93620**

Registration District No. **28**

Primary Registration District No. **2161**

Local Registrar's No. **383**

(No. **Saint Anthony's Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

**Infant Crockett**

(a) Residence. No. **Pocatello, Idaho.**

(Usual place of abode)

Length of residence in city or town where death occurred, 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word) **Single**

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
**May 20, 1935.**

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
**0 0 0**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** **None**

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** **Infant**

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Pocatello, Idaho.**  
(State or country)

13. NAME **David P. Crockett**

14. BIRTHPLACE (city or town) **California.**  
(State or country)

15. MAIDEN NAME **Jennie Cutler**

16. BIRTHPLACE (city or town) **Onyx, Idaho.**  
(State or country)

17. INFORMANT **David P. Crockett**  
(Address) **Pocatello, Idaho.**

18. BURIAL, CREMATION OR REMOVAL  
Place **Inkom, Idaho.** Date **May 21, 1935.**

19. UNDERTAKER **Hall Mortuary**  
(Address) **Pocatello, Idaho.**

20. FILED **May 21, 1935.** **S. C. Ray**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **May 20, 1935.**

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to ..... , 193.....

I last saw h....alive on ..... , 193....; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 6 1937

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232110

(If born in hospital or institution give name.)

Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 1007 Local Registrar's No. 180

2. FULL NAME OF CHILD Stillborn Smith

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>No</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>May 3 1937</u>
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9. Full name FATHER  
Don Cleveland Smith

18. Full maiden name MOTHER  
Alice Velma Ogden

10. Residence (usual place of abode)  
(If non-resident, give place and State) Blackfoot

19. Residence (usual place of abode)  
(If non-resident, give place and State) Blackfoot

11. Color or race White 12. Age at last birthday 38 (years)

20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place)  
(State or country) Haden Idaho

22. Birthplace (city or place)  
(State or country) Michigan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work  
now

25. Date (month and year) last engaged in this work  
now

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none given

28. Number of children of this mother (At time of this birth and including this child) 5  
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation term months or weeks 30. Cause of stillbirth Thrombosis of cord  
Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 m. on the date above stated.  
(Born alive and stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. Beck, M. D.

or \_\_\_\_\_ Midwife

Give name added from a supplemental report. \_\_\_\_\_  
(Date of)

Address Blackfoot, Id.

Filed June 2, 1937 Wm. H. H. H. Registrar.

Registrar.

REF ID: A634832

CONFIDENTIAL

254

CONFIDENTIAL

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication from the President to the Congress since the inauguration of Abraham Lincoln. The letter discusses the state of the Union and the challenges facing the country at the time.

6-15112-11 10/10/71

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100-443887-100

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*[Faint, illegible text at the bottom of the page]*

THE UNIVERSITY OF CHICAGO PRESS

1944-1945

Black box (Serial) also

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10-10-1954

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100-27-11723-4

SECRET

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1935  
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
 County of Bingham  
 City of Blackfoot  
 Registration District No. 131  
 Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE

93659

State File No. \_\_\_\_\_

Local Registrar's No. 82

(No. \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Smith  
 (a) Residence. No. Blackfoot Idaho St. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) May 3, 1935

7. AGE Years Stillborn Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Blackfoot  
 (State or country) Idaho

13. NAME Don Cleveland Smith

14. BIRTHPLACE (city or town) Madison  
 (State or country) Idaho

15. MAIDEN NAME Alice Velma Ogden

16. BIRTHPLACE (city or town) Michigan  
 (State or country) \_\_\_\_\_

17. INFORMANT (Address) Don Smith  
Blackfoot Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Private home Date 5-3, 1935

19. UNDERTAKER (Address) Don Smith  
Blackfoot Idaho

20. FILED May 3, 1935 Don Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Stillborn May 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to \_\_\_\_\_, 1935.

I last saw him on May 3, 1935; death is said

to have occurred on the date stated above, at 6:30 am.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Cord

Full term

Other contributory causes of importance:

Date of onset About Apr. 15th

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) W. W. Beck M. D.

(Address) Blackfoot, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 8 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232151

1. PLACE OF BIRTH  
County of Bingham  
City of Sterling  
No. 819723006947 St.  
(If born in hospital or institution give name.)

Registration District No. 116 State File No. \_\_\_\_\_  
Prim. Registration District No. 2195 Local Registrar's No. 31

2. FULL NAME OF CHILD Jerry Harrington

3. Sex <u>Male</u>	4. If plural births	4. Twin, triplet, or other.....	6. Premature <u>Yes</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>5-23-35</u> , 1935 (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....	mate.....	

9. Full name FATHER  
Elza Ray Harrington

10. Residence (usual place of abode) Sterling  
(If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 30 (years)

13. Birthplace (city or place) OKla  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Now, 1935

OCCUPATION

18. Full maiden name MOTHER  
Mary Jane Rupe

19. Residence (usual place of abode) Sterling  
(If non-resident, give place and State) Idaho

20. Color or race W 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Blackfoot  
(State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Now, 1935

26. Total time (years) spent in this work 7

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 4

29. If stillborn, period of gestation 2.6th months or weeks 30. Cause of stillbirth Premature rupture of membranes  
(Before labor Yes During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 AM on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report.....

Address Aberdeen, Idaho

Filled 5-23-35, 1935

Registrar.

Registrar.



UNITED STATES OF AMERICA

Department of Justice  
Federal Bureau of Investigation

January 1, 1941

Washington, D. C.

Mr. J. Edgar Hoover

Sir:

Dear Sir:

Enclosed for you are two copies of a letterhead memorandum from the New York Office dated December 15, 1940, and captioned as above.

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

Very truly yours,  
Special Agent in Charge

Very truly yours,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
<b>CERTIFICATE OF DEATH</b> PLACE OF DEATH County of <u>Bingham</u> City of <u>Starling</u> Registration District No. <u>116</u> Primary Registration District No. <u>2195</u> State File No. <u>93664</u> Local Registrar's No. <u>10</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Jerry Harrington</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced. (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>May 23, 1935</u>			
7. AGE Years Months Days If LESS than 1 day, -- hrs. or -- min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --- 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --- 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---		
12. BIRTHPLACE (city or town) <u>Starling</u> (State or country) <u>Idaho</u>			
13. NAME <u>Elza Ray Harrington</u>			
14. BIRTHPLACE (city or town) <u>Oklahoma</u> (State or country)			
15. MAIDEN NAME <u>Mary Jane Rupe</u>			
16. BIRTHPLACE (city or town) <u>Blackfoot</u> (State or country) <u>Idaho</u>			
17. INFORMANT <u>E. R. Harrington</u> (Address) <u>Starling</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Springfield, Idaho</u> Date <u>May 24, 1935</u>			
19. UNDERTAKER <u>Freinds</u> (Address)			
20. FILED <u>5-23-35</u> , 193 <u>Memorandum</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
21. DATE OF DEATH (month, day, and year) <u>May 23, 1935</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>STILLBIRTH</u> to _____, 193____ I last saw h. alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: _____ <u>Stillbirth at 26th week</u> <u>Premature rupture of</u> <u>membranes from an undetermined</u> <u>cause.</u> Other contributory causes of importance: _____ Date of onset: _____			
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>M. C. Markman</u> M. D. (Address) <u>Aberdeen, Idaho</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Blaine  
City of Pingree  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
232154  
CERTIFICATE OF BIRTH  
S

(If born in hospital or institution give name.)  
Registration District No. 116 State File No. \_\_\_\_\_  
Prim. Registration District No. 2195 Local Registrar's No. 34

2. FULL NAME OF CHILD Stillborn Johnson

3. Sex female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes 7. Legitimate yes 8. Date of birth May 15<sup>th</sup> 1935  
(Month, Day, Year)

9. Full name Eugene Johnson FATHER  
10. Residence (usual place of abode) Pingree  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 20 (years)  
13. Birthplace (city or place) Blackfoot  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work Present  
17. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 months months or weeks 30. Cause of stillbirth premature rupture of membranes  
Before labor mat During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) W. A. Beck, M. D.  
or \_\_\_\_\_, Midwife  
Address Blackfoot, Ida  
Filed May 31, 1935  
Registrar.

STATE OF TEXAS

COUNTY OF DALLAS

IN SENATE

January 10, 1901

REPORT

OF THE

COMMISSIONERS OF THE

LAND OFFICE

FOR THE YEAR

ENDING DECEMBER

31, 1900

AND

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LANDS

AND

THE

STATE OF TEXAS

COUNTY OF DALLAS

IN SENATE

January 10, 1901

REPORT

OF THE

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LAND OFFICE

FOR THE YEAR

ENDING DECEMBER

31, 1900

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
County of Bingham  
City of Pine Registration District No. 116  
Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

93662

State File No. ....

Local Registrar's No. 9(No. ....)  
(If death occurred in a hospital or institution give its name instead of street and number.)2. FULL NAME (Stillborn) Johnson(a) Residence No. Pine R #1 St. ....(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 15 19357. AGE Years Months Days  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pine R #1  
(State or country) Idaho13. NAME Eugene Johnson14. BIRTHPLACE (city or town) Blackfoot R #2  
(State or country)15. MAIDEN NAME Jesse Day Watt16. BIRTHPLACE (city or town) Utah  
(State or country)17. INFORMANT Eugene Johnson  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Thomas Park 5-17, 193519. UNDERTAKER Eugene Johnson  
(Address)20. FILED May 18 1935  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 15 1935

22. I HEREBY CERTIFY, That I attended deceased from .....

....., 193....., to ....., 193.....

I last saw h. Stillborn May 13, 193.....; death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Stillborn at end of 5th mo  
due to premature rupture  
of membranes

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193.....

Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....(Signed) W. W. Beck M. D.(Address) Blackfoot Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. RECEIVED JUN 6 1935

City of Idaho Falls

No. L.O.S. Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillbirth

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232194

Registration District No. 73 State File No. \_\_\_\_\_

Prim. Registration District No. 2150 Local Registrar's No. 281

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti- mate? yes 8. Date of birth 5/3 1935 (Month, Day, Year)

9. Full name FATHER Ray Oral Clegg

18. Full maiden name MOTHER Orpha Luella Corpus

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 29 (years)

20. Color or race White 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Idaho

22. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section handler

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.I. Railroad

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work May 1935

25. Date (month and year) last engaged in this work May 1935

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 months or weeks 30. Cause of stillbirth Strangulation by cord Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:18 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

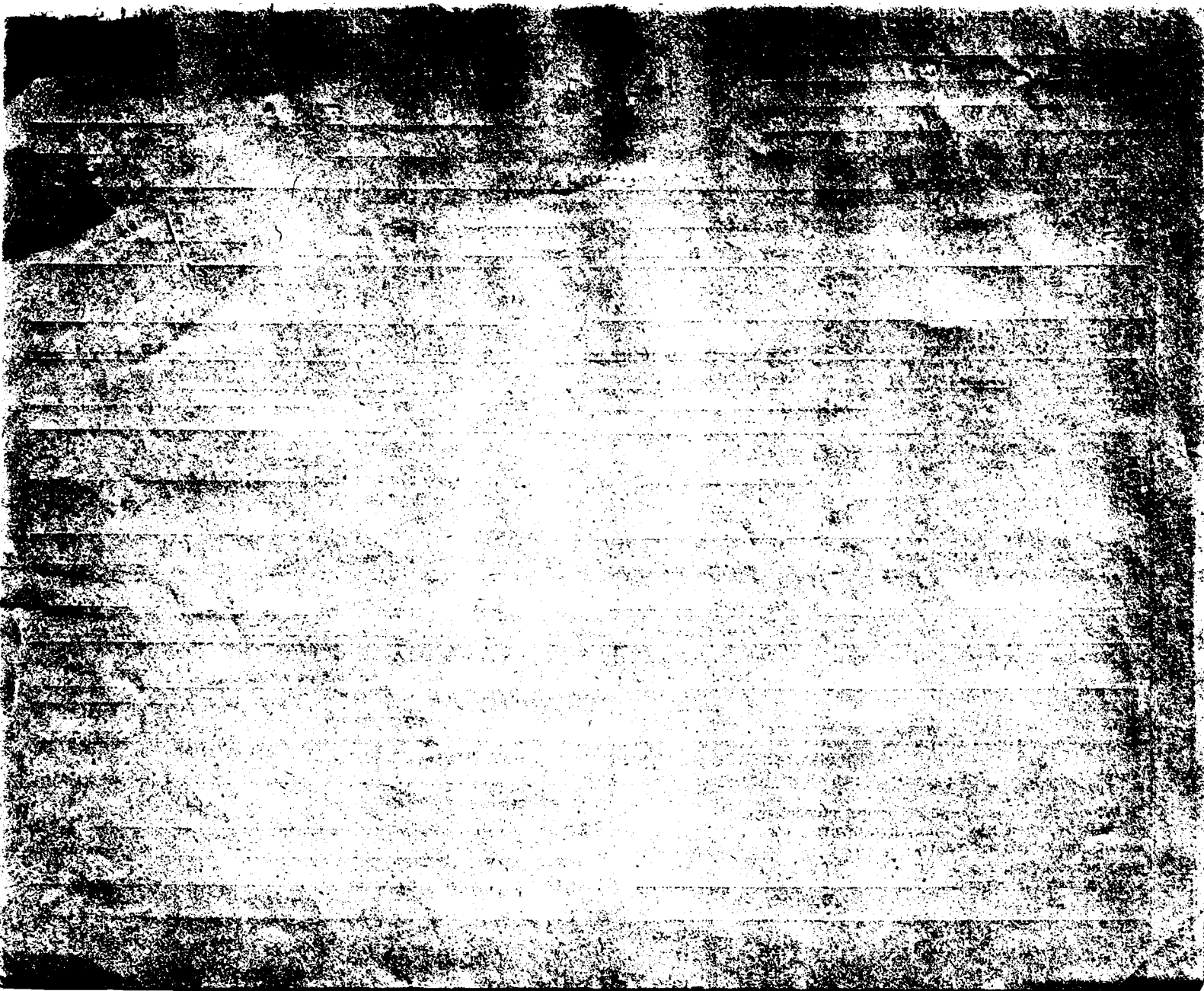
(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address Idaho Falls, Idaho

Filed May 23 1935 Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
PLACE OF DEATH  
County of Bonneville  
City of Ishe Falls  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 93309Registration District No. 13Primary Registration District No. 2150 Local Registrar's No. 107(If death occurred in a hospital or institution, give its name instead of street and number)  
(No. L. S. Hospital)2. FULL NAME Still birth(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>boy</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Still birth</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 3 - 1935</u>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) L. S. Hospital  
(State or country) Idaho Falls13. NAME Ray Oral Clagg14. BIRTHPLACE (city or town) Ucon, Idaho  
(State or country)15. MAIDEN NAME Ophe Levenla Corpus16. BIRTHPLACE (city or town) Highway Idaho  
(State or country)17. INFORMANT Ray Oral Clagg  
(Address)18. BURIAL, CREMATION OR REMOVAL  
Place Ucon Date \_\_\_\_\_, 193519. UNDERTAKER None  
(Address)20. FILED May 4, 1935 Ray Oral Clagg  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 193522. I HEREBY CERTIFY, That I attended deceased from May 3 1935 to May 3 1935I last saw him May 3, 1935 death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Strangulation by short cord wrapped around neck

Other contributory causes of importance:

Name of operation Normal delivery Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 1935Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so specify \_\_\_\_\_

(Signed) Ray Oral Clagg M. D.(Address) Idaho Falls

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JUN 6 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S232204**

City of Idaho Falls, Ide  
No. Memorial Drive St.  
I.D. S. Hospital

Registration District No. 13 State File No. \_\_\_\_\_

Prim. Registration District No. 2150 Local Registrar's No. 34

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillbirth

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>6-1</u> , 19 <u>35</u> (Month, Day, Year)
-------------------------	--	---	--------------------------------	---

9. Full name FATHER  
Willard P. Minton 306 Basalt St

18. Full maiden name MOTHER  
Jeane Selman 306 Basalt St

10. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho Falls Ida

19. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho Falls Ida

11. Color or race Wht | 12. Age at last birthday 25 (years)

20. Color or race Wht | 21. Age at last birthday 24 (years)

13. Birthplace (city or place)  
(State or Country) Twin Falls Idaho

22. Birthplace (city or place)  
(State or Country) Paysan Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Manager

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. F.C. Penney's

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work  
1930

25. Date (month and year) last engaged in this work  
1931

17. Total time (years) spent in this work 5

26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living. 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor. During labor.

Collapsed Cord

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:00 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Signed) M. Olive, M. D.

or \_\_\_\_\_, Midwife

Address Idaho Falls, Ida

Filed June 2, 1935

(Date of)

Registrar.

C. J. J. J. J.  
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1935

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of GronvilleCity of Idaho Falls, Idaho

## CERTIFICATE OF DEATH

State File No.

93700

Registration District No. 73Primary Registration District No. 2110Local Registrar's No. 133

(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Girl</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Stillbirth</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>		
6. DATE OF BIRTH (month, day, and year) <u>6-1-35</u>		
7. AGE Years	Months	Days
If LESS than 1 day, ... hrs. or ... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Idaho Falls, Idaho  
(State or country)13. NAME Willard P. Mintum14. BIRTHPLACE (city or town) Idaho Falls, Idaho  
(State or country)15. MAIDEN NAME Jeane Selman16. BIRTHPLACE (city or town) Paysan, Utah  
(State or country)17. INFORMANT (Address) Mrs. W. P. Mintum  
Idaho Falls, Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Idaho Falls, Idaho Date June 7, 193519. UNDERTAKER (Address) None20. FILED June 7, 1935 - Longfellow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 1, 193522. I HEREBY CERTIFY, that I attended deceased June 1, 1935 to June 1, 1935I last saw h... alive on ..., 193... death is said to have occurred on the date stated above, at ... m.  
The principal cause of death and related causes of importance were as follows:

Proapsed Card June 1

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193...Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. P. Mintum, M. D.(Address) Idaho Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*. To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

When stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the kind of work done and return that as *spinner*, *weaver*, etc.

When stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineering engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be given. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *dealer*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **RECEIVED JUN 6 1935**  
County of Bannock 318 220 010-893  
City of Idaho Falls  
No. Memorial Drive St.  
H.O.S. Hospital

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** 232208 **S**  
Registration District No. 73 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2150 Local Registrar's No. 280

2. FULL NAME OF CHILD Baby Boy Cat Hill

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Yes 5 months Full term \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth May 20, 1935 (Month, Day, Year)

9. Full name FATHER Stanley Cat Hill

18. Full maiden name MOTHER Mary Hicks

10. Residence (usual place of abode) (If non-resident, give place and State) Howe Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Howe Idaho

11. Color or race W. 12. Age at last birthday 22 (years)

20. Color or race W. 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Rosebud Missouri

22. Birthplace (city or place) (State or Country) Ellensburg Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmland

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mrs. Hall

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work May 20, 1935

25. Date (month and year) last engaged in this work May 20, 1935

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

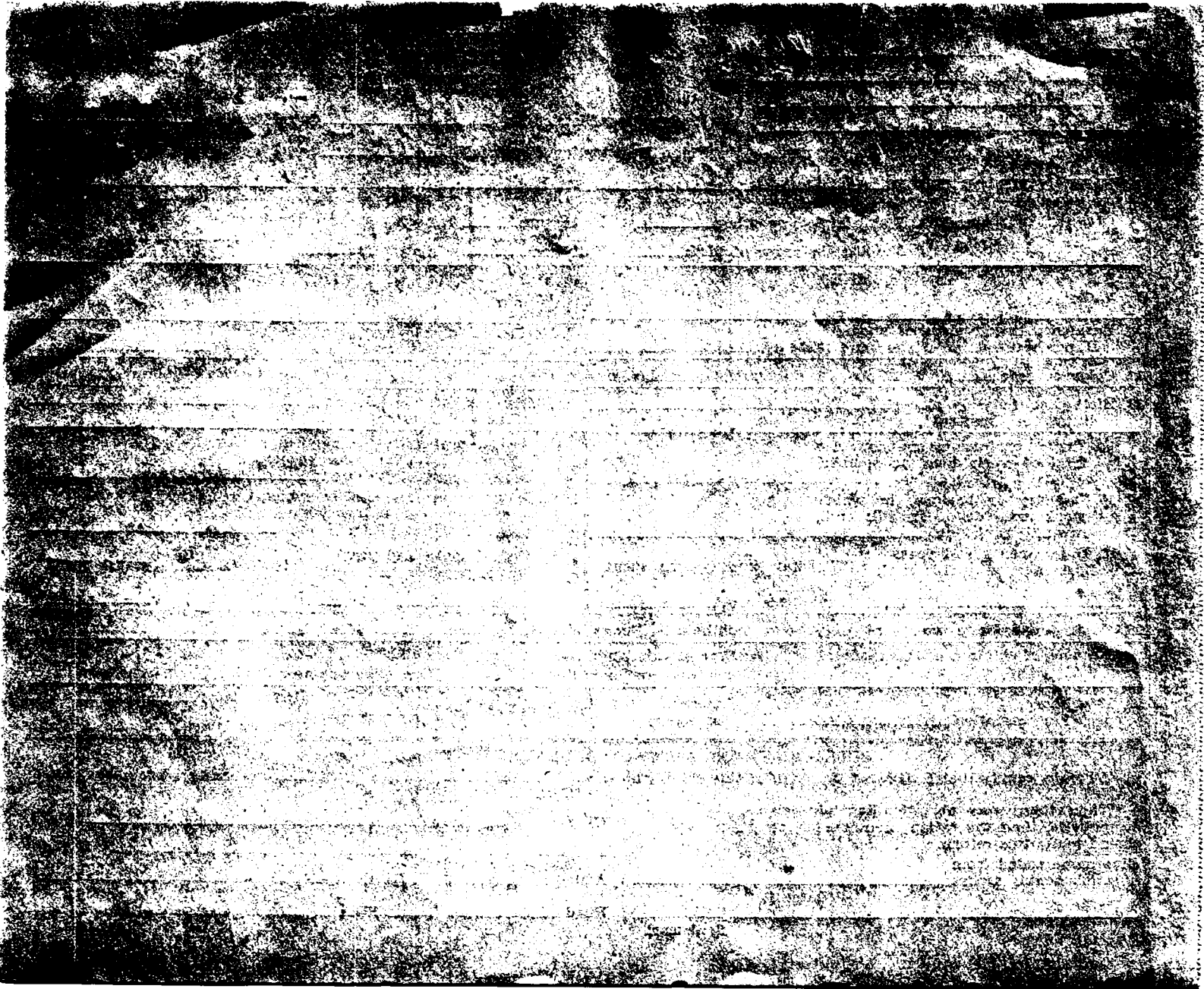
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 months { months or weeks

30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 6:55 p. m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) C. M. Cline, M. D.  
or \_\_\_\_\_, Midwife  
Address Idaho Falls, Idaho  
Filed May 21, 1935 C. M. Cline  
Registrar. Registrar.





MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 6 1935

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County *Bonneville*

City of *Idaho Falls, Idaho*

CERTIFICATE OF DEATH

State File No. *93691*

Registration District No. *23*

Primary Registration District No. *214D*

Local Registrar's No. *117*

(No. *L.D.S. Hospital, Idaho Falls, Idaho*)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Baby Boy C. Hill*

(a) Residence. No. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Single - Baby*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) *May 20, 1935*

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Idaho Falls, Idaho* (State or country)

13. NAME *Stanley C. Hill*

14. BIRTHPLACE (city or town) *Hoschard, Missouri* (State or country)

15. MAIDEN NAME *Mary Hicks*

16. BIRTHPLACE (city or town) *Springfield, Illinois* (State or country)

17. INFORMANT *Stanley V. Hill* (Address) *Idaho Falls, Idaho*

18. BURIAL, CREMATION OR REMOVAL *St. Joseph's Catholic Church* Date *May 21, 1935*

19. UNDERTAKER *None* (Address)

20. FILED *May 21, 1935* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *May 20, 1935*

22. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to ..... 193....

I last saw h... alive on ..... 193....; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

*Chol. Enter. Promotor*

Other contributory causes of importance:

*mother had pneumonia*

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) *Carl Hill* M. D.

(Address) *Idaho Falls, Idaho*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinners*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 6 1935

County of Bonanza  
City of Idaho Falls, Ida.  
Sp. Memorial Drive St.  
L. V. L. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S  
232214

Registration District No. 73 State File No. \_\_\_\_\_

Prim. Registration District No. 2150 Local Registrar's No. 269

2. FULL NAME OF CHILD

Stillbirth

3. Sex girl If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature Yes 7. Legiti- mate? yes 8. Date of birth May 9, 1935  
(Month, Day, Year)

9. Full name FATHER Martin Micklesen 18. Full maiden name MOTHER Lulu Fullmer

10. Residence (usual place of abode) Idaho Falls, Ida. 19. Residence (usual place of abode) Idaho Falls, Ida.  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Haden Idaho 22. Birthplace (city or place) Hagen Idaho  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own truck 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work Dec 1st, 1934 17. Total time (years) spent in this work 6 mo. 25. Date (month and year) last engaged in this work Jan 1st, 1934 26. Total time (years) spent in this work 1 year 5 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 months { months or weeks 30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor yes  
Cord strangulation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

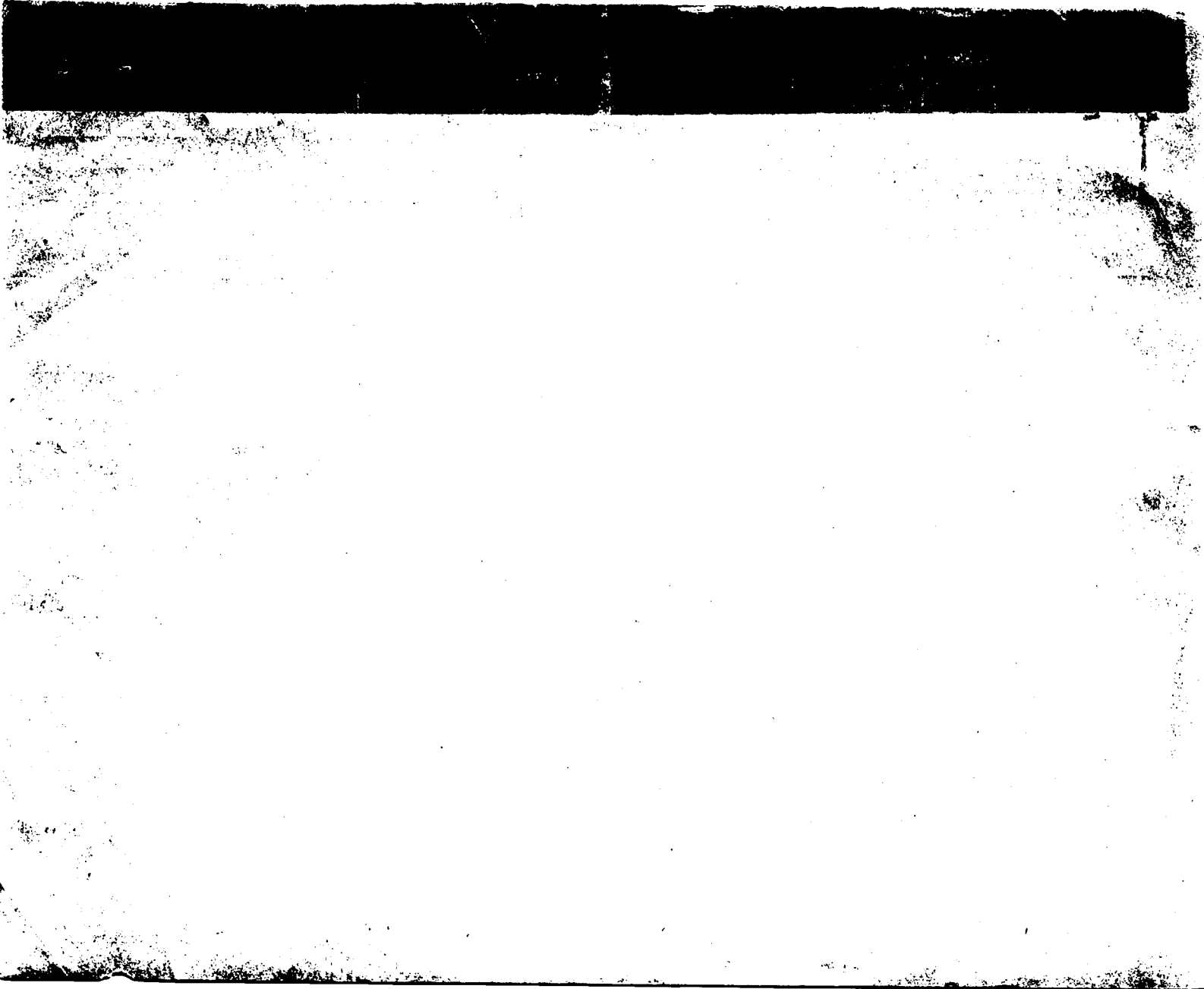
(Signed) E. B. King M.D. M. D.

or \_\_\_\_\_ Midwife

Address Idaho Falls Idaho

Filed May 11, 1935 E. B. King Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 4 1935

## PLACE OF DEATH

County of Bonnerille  
City of Idaho Falls

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

93699

State File No.

Registration District No. 73Primary Registration District No. 2159Local Registrar's No. 108

(No. L. O. S. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Mickelsen

(a) Residence. No. 1228 W. 14<sup>th</sup> Street St.  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 9, 1935

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Idaho

13. NAME Martin Mickelsen

14. BIRTHPLACE (city or town) Letonia  
(State or country) Idaho

15. MAIDEN NAME Lulu Fullmer

16. BIRTHPLACE (city or town) Letonia  
(State or country) Idaho

17. INFORMANT Martin Mickelsen  
(Address) Letonia, Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Letonia, Idaho Date May 11, 1935

19. UNDERTAKER Jack A. W. and  
(Address) Idaho Falls, Idaho

20. FILED May 11, 1935 C. J. ...  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935 to May 9, 1935

I last saw Stillbirth, 193... death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Stillbirth  
Cord strangulation

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 193...

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. B. ... M. D.(Address) Idaho Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 10 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

232271

CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH  
County of Canyon  
City of ampa  
No. Ma. Bureau St.  
Maternity Home  
(If born in hospital or institution give name.)

Registration District No. 7 State File No. \_\_\_\_\_  
Prim. Registration District No. 2006 Local Registrar's No. 162

2. FULL NAME OF CHILD

Stillborn Alford

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other <u>S</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>	7. Legitimate <u>no</u>	8. Date of birth <u>5-3-1935</u> (Month, Day, Year)
9. Full name FATHER <u>James Monroe Bratten</u>				18. Full maiden name MOTHER <u>Leona Lavona Alford</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kuna</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kuna</u>		
11. Color or race <u>Am</u>		12. Age at last birthday <u>19</u> (years)		20. Color or race <u>Am</u>		21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) (State or country)				22. Birthplace (city or place) (State or country) <u>Custer, S. Dak</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc <u>James</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>at home</u>	
	16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work			26. Total time (years) spent in this work			

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation \_\_\_\_\_ months or weeks } 30. Cause of stillbirth \_\_\_\_\_ } Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:00 P. M. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lyda Rodgers, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of)

Address Nampa, Idaho  
Filed June 7, 1935 Lyda Rodgers  
Registrar.

Registrar.



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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Canyon  
City of Hampea

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006 Total Registrar's No. 162

(No. Mrs. Brown's Maternity Home)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME "Stellman" Alfred

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>am</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>5-3-35</u>		
7. AGE Years <u>✓</u> Months <u>✓</u> Days <u>✓</u>	If LESS than 1 day... hrs. of ... min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	<u>Stellman</u>	
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	<u>✓</u>	
10. Date deceased last worked at this occupation (mo. and yr.) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>	

12. BIRTHPLACE (city or town) Hampea, Idaho  
(State or country)13. NAME James Monroe Bratten14. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)15. MAIDEN NAME Leona Lavana Alfred16. BIRTHPLACE (city or town) Custer, O. K.  
(State or country)17. INFORMANT Mrs. Alfred  
(Address) Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Idaho Date 5-4-3519. UNDERTAKER M. Alfred  
(Address) Idaho20. FILED June 7, 1935 Lyda Rodgers  
Registrar

DO NOT WRITE IN THIS SPACE

93707

State File No. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-3-193522. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1935, to 5-3-, 1935.I last saw him Stellman alive on 5-3-, 1935; death is said to have occurred on the date stated above, at 3.....m.

The principal cause of death and related causes of importance were as follows:

Baby had the appearance of having been dead about a week

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury...193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Lyda Rodgers, M. D.(Address) Hampea, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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389-123021384

RECEIVED JUN 13 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

232395

## CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH  
County of Franklin  
City of Preston  
No. \_\_\_\_\_ St. \_\_\_\_\_Registration District No. 27 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2119 Local Registrar's No. 872. FULL NAME OF CHILD Stellborn Christensen3. Sex Male If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 2 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? yes 8. Date of birth May 23 1935 (Month, Day, Year)9. Full name James E. Christensen FATHER  
10. Residence (usual place of abode) (If non-resident, give place and State) Dayton  
11. Color or race w 12. Age at last birthday 40 (years)  
13. Birthplace (city or place) (State or Country) Hyde Park, Utah18. Full maiden name Vera Thurston MOTHER  
19. Residence (usual place of abode) (If non-resident, give place and State) Dayton  
20. Color or race w 21. Age at last birthday 40 (years)  
22. Birthplace (city or place) (State or Country) Hyde ParkOCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 7 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 129. If stillborn, period of gestation 9 { months or weeks \_\_\_\_\_ 30. Cause of stillbirth unknown Before labor yes During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:00 m. on the date above stated.  
(Born Alive or Stillborn)

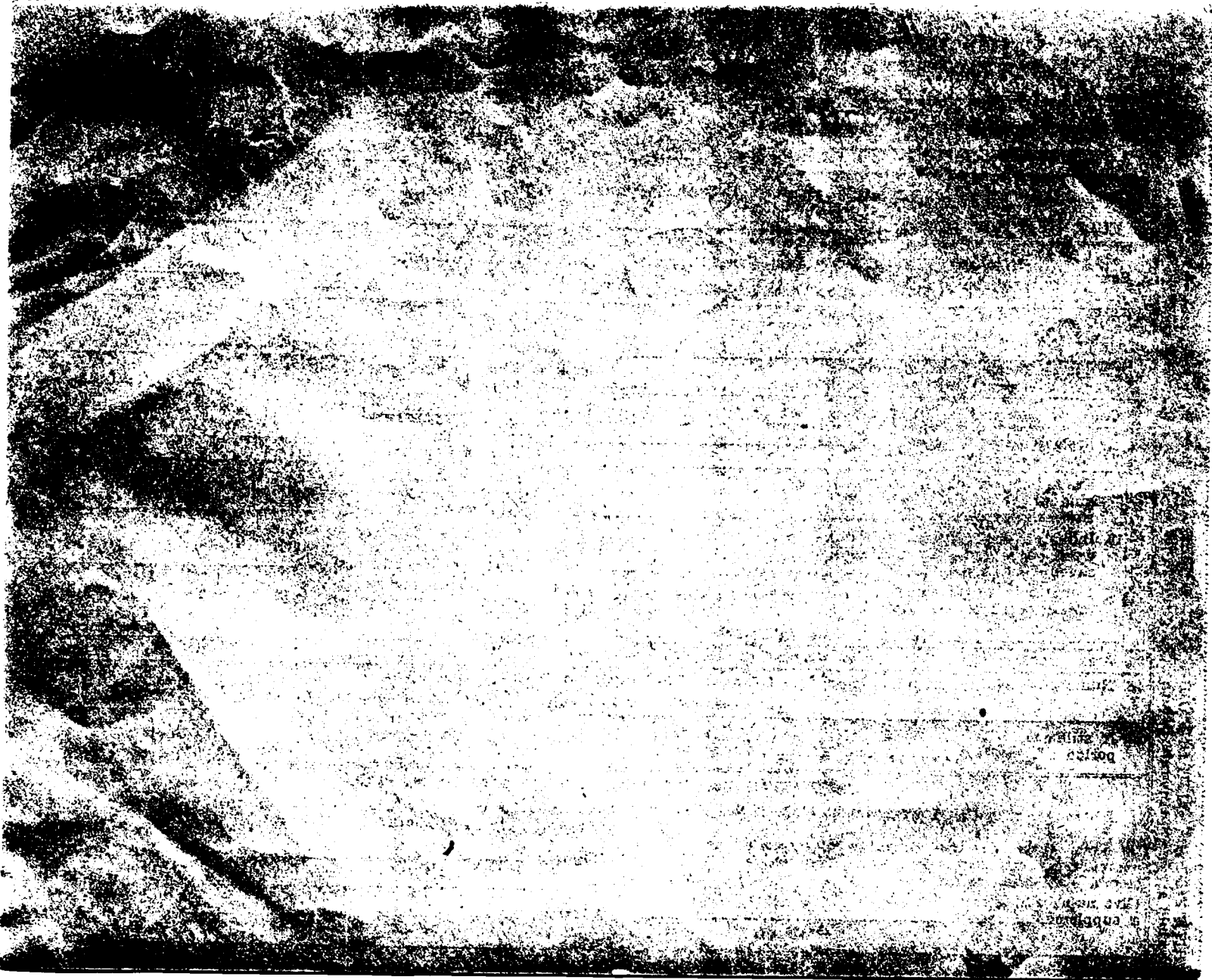
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) O. R. Culler, M. D.  
or \_\_\_\_\_, Midwife  
Address Preston, Idaho  
Filed June 8, 1935 G. W. States Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of **Franklin**

City of **Preston**

Registration District No. **27**

Primary Registration District No. **2119**

State File No. **93802**

Local Registrar's No. **29**

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **BABY CHRISTENSEN**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, or Divorced (write the word) **single**

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **May 23 / 35**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
**35**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **BABY**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Preston Idaho**  
(State or country)

13. NAME **Junius Christensen**

14. BIRTHPLACE (city or town) **Hydepark Utah**  
(State or country)

15. MAIDEN NAME **Vera Thursten**

16. BIRTHPLACE (city or town) **Hydepark Utah**  
(State or country)

17. INFORMANT **Junius Christensen**  
(Address) **Dayton Idaho**

18. BURIAL, CREMATION, OR REMOVAL  
Place **Hydepark Utah** Date **May 24, 1935**

19. UNDERTAKER **M. W. Hendricks**  
(Address) **Preston**

20. FILED **June**, 1935 **G. W. States**  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **1935**

22. I HEREBY CERTIFY, That I attended deceased from **5-23**, 193**5**, to **5-23**, 193**5**

I last saw him **alive** on \_\_\_\_\_, 193**5**; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

**Stillborn**  
**Premature separation of placenta**  
Other contributory causes of importance:

Date of onset

**5-18-35**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193**5**

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) **G. W. States**, M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

168-222-024-38

RECEIVED JUN 1 1905

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 232437

1. PLACE OF BIRTH  
County of Garden  
City of Garden  
No. 1 St.

(If born in hospital or institution give name.)

Registration District No. 24 State File No. 2  
Prim. Registration District No. 2 Local Registrar's No. 212

2. FULL NAME OF CHILD

3. Sex Female 4. Twin, triplet, or other Single 5. Number, in order of birth 2 6. Premature No 7. Legitimate Yes 8. Date of birth Feb 23 1905  
(Month, Day, Year)

9. Full name of FATHER James Madison Johnston  
10. Residence (usual place of abode) Shoshone  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 46 years  
13. Birthplace (city or place) Michigan  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as carpenter  
sawyer, bookkeeper, etc.  
15. Industry or business in which work was done, as highway  
sawmill, bank, etc.  
16. Date (month and year) To date  
last engaged in this work  
17. Total time (years) spent 20  
in this work

18. Full name of MOTHER Irene Margaret Chamberlain  
19. Residence (usual place of abode) Shoshone  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 37 (years)  
22. Birthplace (city or place) Michigan  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housewife  
typist, nurse, clerk, etc.  
24. Industry or business in which work was done, as own home  
lawyer's office, silk mill, etc.  
25. Date (month and year) To date  
last engaged in this work  
26. Total time (years) spent 15  
in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 2  
29. If stillborn, 8 1/2 months or weeks 30. Cause of stillbirth Uterine Infection  
period of gestation Before labor Yes  
During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who Stillborn at 2:00 P m. on the date above stated.  
(Born Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (Date of)

Registrar.

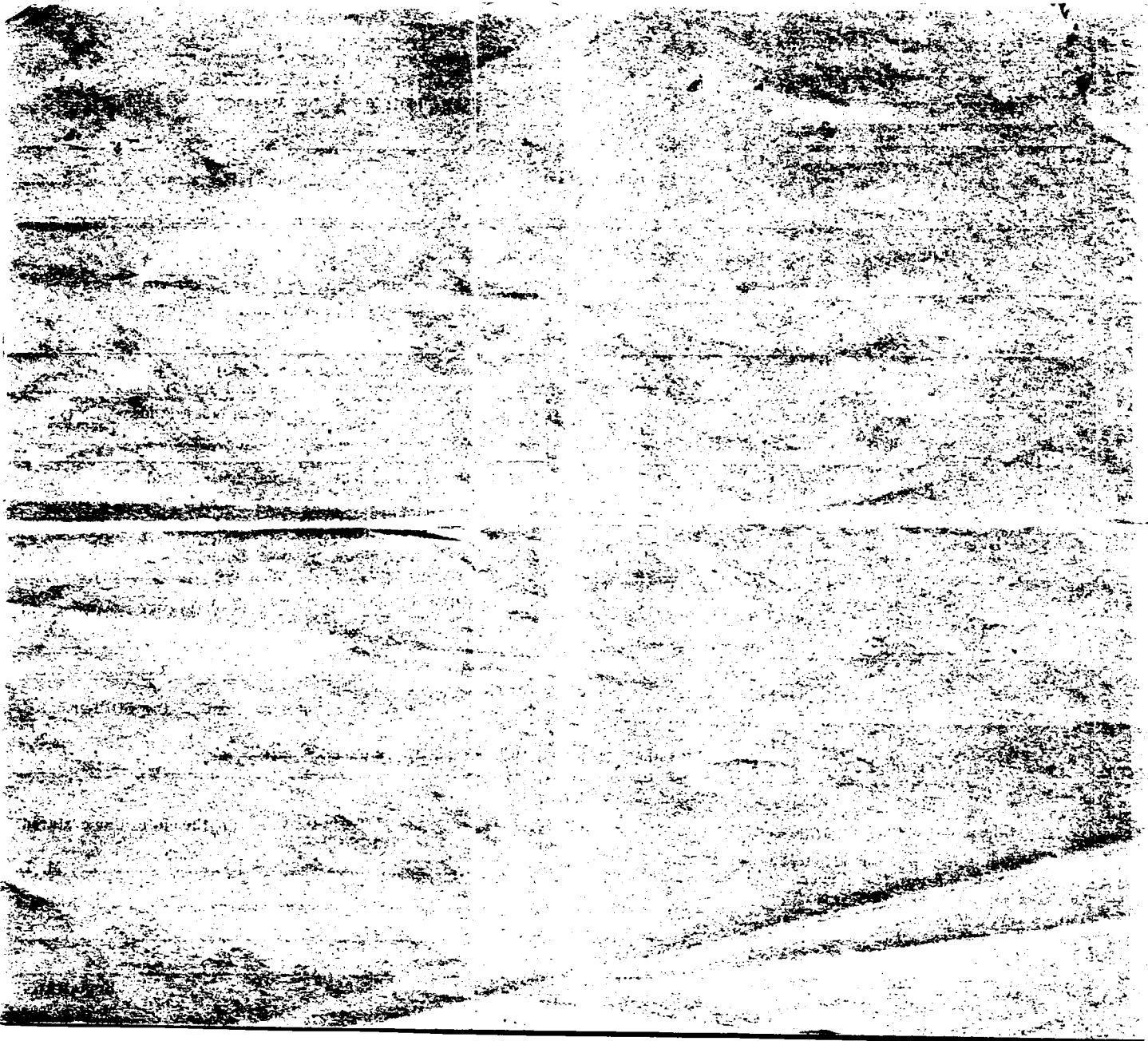
(Signed) F. E. Barrett, M. D.

or \_\_\_\_\_, Midwife

Address Shoshone

Filed 5-31-25, 193 J. H. C. Merrill  
Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Latah  
City of \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 92688

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Local Registrar's No. 300

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME J. M. Johnston Baby

(a) Residence. No. \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Feb. 23rd. 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Gooding Co., Idaho

13. NAME James Matheson Johnston

14. BIRTHPLACE (city or town) Gooding Co., Idaho  
(State or country)

15. MAIDEN NAME J. M. Chamberlain

16. BIRTHPLACE (city or town) Marysville, Mich.  
(State or country)

17. INFORMANT (Address) \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL  
Place Shoshone Date 2-24-35

19. UNDERTAKER (Address) \_\_\_\_\_

20. REGISTERED \_\_\_\_\_  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 23 1935

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 193....

I last saw him alive on \_\_\_\_\_, 193.... death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 193....

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. J. Barrett M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of ALIEN or NEGRO, state race, color, and number of each, in order of birth stated.

1. PLACE **RECEIVED JUN 1 1935**  
County of Blaine  
City of Blaine  
No. 231223 027433 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

**232494**

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Ruth Blainie

3. Sex Female If plural births { 4. Twin, triplet, or other other 5. Number, in order of birth X 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? yes 8. Date of birth May 23, 1935 (Month, Day, Year)

9. Full name Allen Blainie FATHER  
10. Residence (usual place of abode) Idaho  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday \_\_\_\_\_ (years)  
13. Birthplace (city or place) \_\_\_\_\_ (State or Country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work April, 1935  
17. Total time (years) spent in this work 3 yrs.

18. Full maiden name Ruth McCleghen MOTHER  
19. Residence (usual place of abode) Idaho  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday \_\_\_\_\_ (years)  
22. Birthplace (city or place) \_\_\_\_\_ (State or Country) Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home  
25. Date (month and year) last engaged in this work April, 1935  
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of stillbirth Placental degeneration Before labor \_\_\_\_\_  
from mother's During labor X

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.  
(Signed) Chas. F. Zeller, M. D.  
or \_\_\_\_\_, Midwife  
Address Idaho  
5/24/35 (Date of) Chas. F. Zeller Filed 5/24, 1935 Chas. F. Zeller Registrar.

8. -  
\*33501

12. 10. 1941

13. 10. 1941

14. 10. 1941

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Jerome</u>	City of <u>Jerome</u>	<b>CERTIFICATE OF DEATH</b>		93840	
Registration District No. ....		Primary Registration District No. ....		Local Registrar's No. ....	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Ruth Blamires</u>					
(a) Residence. No. ....		St. ....		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) .....			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....					
6. DATE OF BIRTH (month, day, and year) <u>May 23, 1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....					
10. Date deceased last worked at this occupation (mo. and yr.) .....					
11. Total time (years) spent in this occupation .....					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>Allan Blamires</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
15. MAIDEN NAME <u>Ruth Mc Clanahan</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Allan Blamires</u> (Address) <u>Jerome Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Jerome Cem.</u> Date <u>May 24, 1935</u>					
19. UNDERTAKER <u>J. R. Wiley</u> (Address) <u>Jerome Idaho</u>					
20. FILED <u>5/24, 1935</u> <u>Chas. F. Jolly, M.D.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>5/23 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 23, 1935</u> , to <u>May 23, 1935</u> . I last saw him alive on ....., 1935; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows: <u>Still Born Infant</u> <u>Toxic Condition of mother</u> <u>Placental Degeneration</u> Other contributory causes of importance: .....					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 1935. Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.... If so specify..... (Signed) <u>C. F. Keller</u> M. D. (Address) <u>Jerome, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Nowia  
City of Nezperce Idaho  
No. 11111111  
Registration District No. 47 State File No. 232573  
(If born in hospital or institution give name.) Prim. Registration District No. 425 Local Registrar's No. 425  
2. FULL NAME OF CHILD Laura Jeanette Millage - Stillborn  
3. Sex Female If plural births { 4. Twin, triplet, or other X 5. Number, in order of birth X 6. Premature X 7. Legiti- mate? yes 8. Date of birth May 19, 1935 (Month, Day, Year)  
9. Full name John N Millage FATHER  
10. Residence (usual place of abode) Winchester  
11. Color or race white 12. Age at last birthday 28 (years)  
13. Birthplace (city or place) Nezperce Idaho (State or Country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm  
16. Date (month and year) last engaged in this work now 19 19 17. Total time (years) spent in this work 10  
18. Full maiden name Pearl Eppen MOTHER  
19. Residence (usual place of abode) Winchester  
20. Color or race white 21. Age at last birthday 41 (years)  
22. Birthplace (city or place) Alberta Can (State or Country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house  
25. Date (month and year) last engaged in this work now 19 19 26. Total time (years) spent in this work 9 years  
27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother 1 (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation full time { months or weeks  
30. Cause of stillbirth breach birth { Before labor. During labor. yes

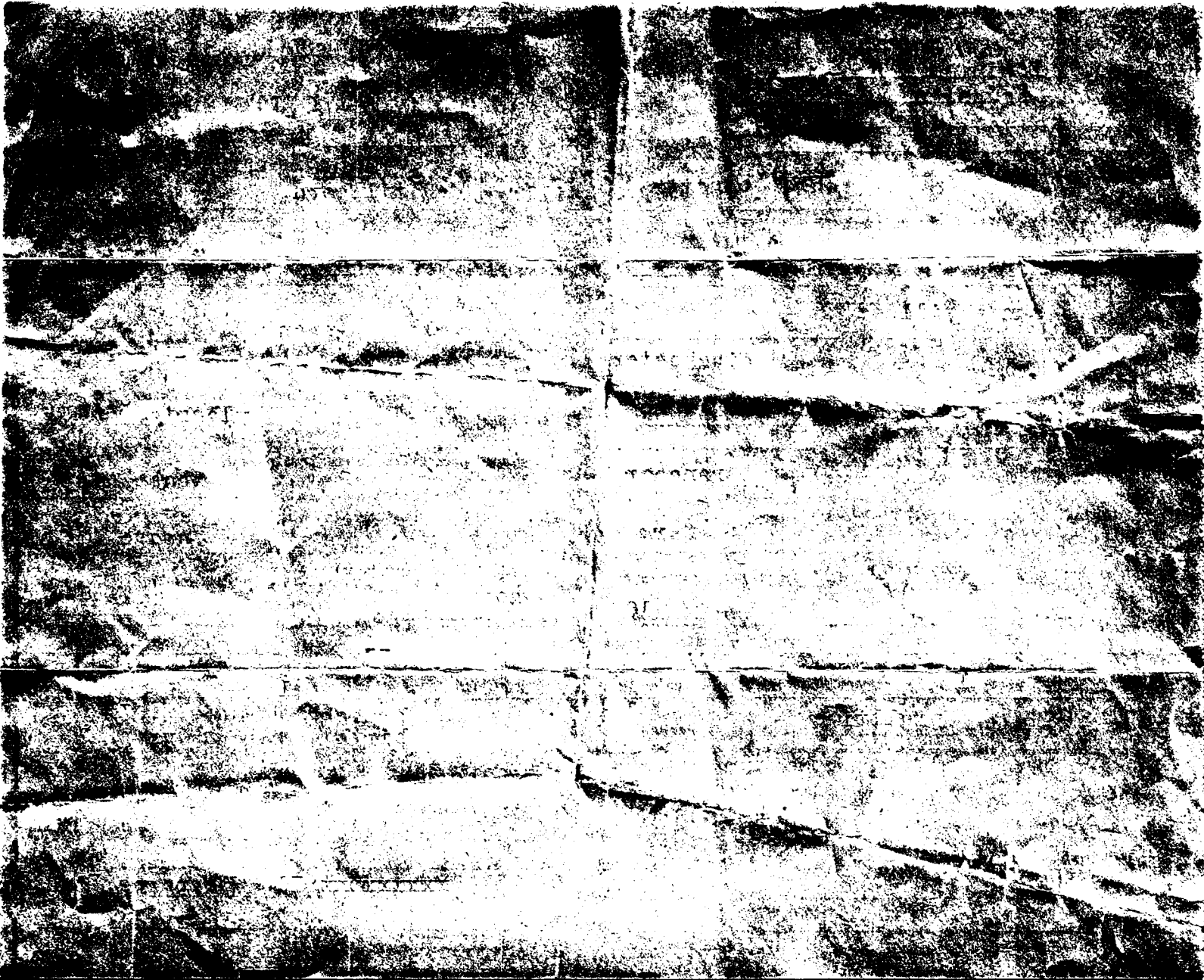
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6 A. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.

(Signed) Walter J. Jorgensen Midwife  
or Albert J. Jorgensen Midwife  
Address Nezperce Idaho  
Filed May 20, 1935 Albert J. Jorgensen Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 20 1885		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <b>93885</b>	
PLACE OF DEATH County of <u>Lewis</u>		CITY OF <u>Nezperce Idaho</u>		Registration District No. <u>47</u> Primary Registration District No. _____	
Local Registrar's No. <u>204</u>		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Laura Jeanette Millage</u>		(No. _____)			
(a) Residence. No. _____		St. <u>Idaho</u>			
Length of residence in city or town where death occurred. yrs. mos. ds.		(If nonresident give city or town and state) yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 19 1935</u>					
7. AGE	Years <u>No</u>	Months <u>No</u>	Days <u>No</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Nezperce</u>					
FATHER	13. NAME <u>John N. Millage</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Nezperce Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Pearl Appen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Alberta Canada</u>				
17. INFORMANT (Address) <u>John N. Millage</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cremation</u> Date <u>5/20</u> , 193 <u>5</u>					
19. UNDERTAKER (Address) <u>father John N. Millage</u>					
20. FILED <u>May 20</u> , 193 <u>5</u> <u>Alberta</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 19 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>5</u> , to _____, 193 <u>5</u> .					
I last saw h. _____ alive on _____, 193 <u>5</u> ; death is said to have occurred on the date stated above, at <u>6:00 A.M.</u>					
The principal cause of death and related causes of importance were as follows: <u>never saw her alive</u>					
Date of onset _____					
Breech case no doctor in attendance					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>5</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>P. E. Duvall</u> M. D.					
(Address) <u>Carquinez Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

**Other CONTRIBUTORY CAUSES of importance:**

<i>Gallstones</i>	<i>May 1, 1923</i>
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### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other CONTRIBUTORY CAUSES of importance:**

Gastroenteritis	1 year
-----------------	--------

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 12 1885

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 232631

**CERTIFICATE OF BIRTH**

1. PLACE OF BIRTH  
County of Ynez  
City of Lewiston  
No. St. Joseph's  
(If born in hospital or institution give name.)

Registration District No. 1009 State File No. S  
Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD (Stillborn)

3. Sex <u>F</u> If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>X</u>	8. Date of birth <u>5-11-1935</u> (Month, Day, Year)
9. Full name FATHER <u>James Otis White (Indian)</u>			18. Full maiden name MOTHER <u>Eva LaVerne Walker</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Spalding</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Spalding</u>		
11. Color or race <u>Red</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>39 years</u>			21. Age at last birthday <u>27 years</u>		
13. Birthplace (city or place) (State or country) <u>Japan</u>			22. Birthplace (city or place) (State or country) <u>Kippur, Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House</u>		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ag. Merg. &amp; Boric Solution</u>					
28. Number of children of this mother <u>6</u> (At time of this birth and including this child) <u>5</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ months or weeks			30. Cause of stillbirth _____ { Before labor _____ During labor _____		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. J. Clark, M. D.

or \_\_\_\_\_, Midwife

Address Lewiston, Idaho

Filed June 11, 1935 J. M. Lyle Registrar.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

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WALL STREET JOURNAL

DECLASSIFICATION AUTHORITY DERIVED FROM:

1-1-68 2016 B1

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

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THE UNIVERSITY OF CHICAGO

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THE UNITED STATES OF AMERICA

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1970-1971

...and the fact that the *Journal* is a journal of the American Psychological Association, the largest and most influential organization in the field of psychology, adds to the journal's prestige and makes it a must-read for all psychologists.

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**THE UNIVERSITY OF CHICAGO**

1997/1998

...the fact that the *in vitro* and *in vivo* results are in good agreement, and that the *in vivo* results are in good agreement with the results of the *in vitro* studies.

members of the new group and

Order 1st class 5/10/74

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NO 74

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

759 227 040-759

RECEIVED JUN 1 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

232695  
S

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Blaine  
City of Wallace  
No. Canyon Dr. St.  
Blaine

(If born in hospital or institution give name.)

Registration District No. 10 State File No. 47  
Prim. Registration District No. 1011 Local Registrar's No. 47

2. FULL NAME OF CHILD Marian Ellen Perala

3. Sex <u>F.</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth <u>1</u>	6. Premature	7. Legiti- mate <u>yes</u>	8. Date of birth <u>May 27, 1935</u> (Month, Day, Year)
---------------------	------------------	----------------------------	---------------------------------------	--------------	-------------------------------	--

9. Full name <u>Walter Perala</u>	FATHER	18. Full maiden name <u>Leampi Perala</u>	MOTHER
--------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan</u>
---	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>22</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>28</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or country) <u>Leadville, Colorado</u>	22. Birthplace (city or place) (State or country) <u>New York City, New York</u>
---	---

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work <u>At present, 1935</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work <u>At present, 1935</u>
--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Boric Acid

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 9 months 30 Cause of stillbirth Before labor  
Before labor yes  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) E. Perala, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Address \_\_\_\_\_  
Filed May 29, 1935 John Bever  
Registrar.

MEMORANDUM FOR THE DIRECTOR

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 10-10-60

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1935		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 93936	
PLACE OF DEATH		COUNTY OF <i>Providence</i>		State File No. ....	
City of <i>Wallace</i>		Registration District No. <i>70</i>		Local Registrar's No. <i>49</i>	
		Primary Registration District No. <i>1011</i>			
		(No. <i>Providence Hosp.</i> )			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Margaret Maria Verela</i>					
(a) Residence. No. ....		St. ....			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>May 27-35</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, .... hrs. or .... min.	
	<i>0</i>	<i>0</i>	<i>0</i>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <i>Wallace Ida.</i> (State or country)					
MOTHER					
13. NAME <i>Walter Verela</i>					
14. BIRTHPLACE (city or town) <i>Colorado</i> (State or country)					
15. MAIDEN NAME <i>Emma Verela</i>					
16. BIRTHPLACE (city or town) <i>Idaho</i> (State or country)					
17. INFORMANT <i>Walter Verela</i> (Address) <i>Wallace Ida.</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Wallace Ida.</i> Date <i>May 28, 1935</i>					
19. UNDERTAKER <i>John Bower</i> (Address) <i>Wallace Ida.</i>					
20. FILED <i>May 28, 1935</i> <i>John Bower</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>May 27, 1935</i>					
22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....					
I last saw h..... alive on ....., 193...; death is said to have occurred on the date stated above, at <i>1 P.</i> m.					
The principal cause of death and related causes of importance were as follows:					
<i>Still birth.</i>					
Other contributory causes of importance:					
Name of operation..... Date of .....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury ....., 193... Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <i>E. J. Verela</i> , M. D. (Address) .....					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN - 3 1935

County of Quincy  
City of Buhl  
No. 615-121 St 042 412  
Buhl

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
232774  
S

CERTIFICATE OF BIRTH

Registration District No. 39 State File No. S  
Prim. Registration District No. 2087 Local Registrar's No.

2. FULL NAME OF CHILD Emil Waura

3. Sex male 4. Twin, triplet, or other  5. Number, in order of birth  6. Premature  7. Legitimate yes 8. Date of birth May 21, 1935  
(Month, Day, Year)

9. Full name of FATHER Emil Frank Waura  
10. Residence (usual place of abode) (If non-resident, give place and State) Buhl  
11. Color or race  12. Age at last birthday 29 (years)  
13. Birthplace (city or place) (State or country) Labor, Minn.

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.   
16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work

18. Full maiden name of MOTHER Nan Muriel MacMasters  
19. Residence (usual place of abode) (If non-resident, give place and State) Buhl  
20. Color or race  21. Age at last birthday 29 (years)  
22. Birthplace (city or place) (State or country) Buhl, Idaho

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.   
25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?   
28. Number of children of this mother (At time of this birth and including this child)   
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1  
29. If stillborn, period of gestation 9 mos months or weeks  30. Cause of stillbirth Oxytocin in labor Before labor  During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at  A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jes. Jennings, M. D.

or , Midwife

Give name added from a supplemental report  (Date of)

Address Buhl Idaho

Filed 5-28, 1935 J. H. Murphy Registrar.

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

1961

1961

1961

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1961

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 3 1935

## PLACE OF DEATH

County of Twin Falls  
City of Buhl

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 93980Registration District No. 39Primary Registration District No. 2087Local Registrar's No. 206

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Wavra

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. X yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color of Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of <u>X</u> (or) WIFE of <u>X</u>		
6. DATE OF BIRTH (month, day, and year) <u>May-21-1935</u>		
7. AGE	Years <u>X</u>	Months <u>X</u>
	Days <u>X</u>	If LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Buhl, Ida.  
(State or country)13. NAME Emil Wavra14. BIRTHPLACE (city or town) Buhl, Ida.  
(State or country)15. MAIDEN NAME Ran McMaster16. BIRTHPLACE (city or town) Idaho  
(State or country)17. INFORMANT Charles A. Burgess  
(Address) Buhl18. BURIAL, CREMATION OR REMOVAL  
Place Buhl, Ida. Date 9/22 193519. UNDERTAKER Evans & Johnson  
(Address) Buhl, Ida.20. FILED 5-22-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 193522. I HEREBY CERTIFY, That I attended deceased from 5-21, 1935, to 5-21, 1935.I last saw him alive on 5-21, 1935; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:Still bornDate of onset ✓

Other contributory causes of importance:

Days labor in labor.Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 1935.Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_(Signed) Geo. Jennings M. D.(Address) Buhl, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

297 106 001 194

1. PLACE OF BIRTH

County of Ada

City of Boise

No. St. Luke's St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn Sigler

3. Sex M. If plural births

4. Twin, triplet, or other ✓

6. Premature ✓

7. Legitimate ✓

8. Date of birth 6/6/35 1935  
(Month, Day, Year)

9. Full name

FATHER

R. H. Sigler

10. Residence (usual place of abode)  
(If non-resident, give place and State) 1520 Jeff.

11. Color or race W. 12. Age at last birthday 53 (years)

13. Birthplace (city or place)  
(State or country) W. Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) several stillborn  
(a) Born alive and now living ✓ (b) Born alive but now dead 0 (c) Stillborn yes

29. If stillborn, period of gestation 7½ mo. months or weeks 30. Cause of stillbirth Strangled by cord around neck  
Before labor yes During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 m. on the date above stated.  
(Signature of Physician or Midwife)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. J. Coats, M. D.

or \_\_\_\_\_, Midwife

Address Boise, Idaho

Filed 6-24, 1935 R. Sharp

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR  
SUBJECT: [Illegible]

TO: [Illegible]  
FROM: [Illegible]  
DATE: [Illegible]

1. [Illegible]  
2. [Illegible]  
3. [Illegible]  
4. [Illegible]  
5. [Illegible]

6. [Illegible]  
7. [Illegible]  
8. [Illegible]  
9. [Illegible]  
10. [Illegible]

11. [Illegible]  
12. [Illegible]  
13. [Illegible]  
14. [Illegible]  
15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 94036 State File No. ....	
County of.....	Ada.	CERTIFICATE OF DEATH			
City of.....	Boise	Registration District No. .... 2			
		Primary Registration District No. .... 004			
		(No. .... St. Lukes Hospital)			
		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME.....		Infant Sigler			
(a) Residence. No.....		1520 W. Jefferson st.			
		St. ....			
		(Usual place of abode)			
		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	Male	4. Color or Race	White	5. Single, Married, Widowed or Divorced (write the word)	Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) June. 6th. 1935.					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
Still born					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town)..... Boise (State or country) Idaho					
MOTHER/FATHER	13. NAME Robert H. Sigler				
	14. BIRTHPLACE (city or town)..... West Virginia (State or country)				
	15. MAIDEN NAME Helen Armstrong.				
	16. BIRTHPLACE (city or town)..... Iowa (State or country)				
17. INFORMANT Robert Sigler (Address) 1520 W. Jefferson St Boise					
18. BURIAL, CREMATION OR REMOVAL Place... Morris Hill Date... 6/8/1935					
19. UNDERTAKER Summers Funeral Home (Address) Boise, Idaho.					
20. FILED 6-10-1935 R. Sharp Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 6/7/1935					
22. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to ..... 193....					
I last saw h.... alive on ..... 193.... death is said to have occurred on the date stated above, at ..... m.					
The principal cause of death and related causes of importance were as follows:					
Premature, still born, strangled by cord around neck. Fetal death 2 days before delivery.					
Other contributory causes of importance:					
Date of onset					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193....					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....					
(Signed) a. J. Coats, M. D.					
(Address) .....					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service, for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295 20200-295

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

232882  
S

1. PLACE OF BIRTH  
County of Ada  
City of Boise, Idaho  
No. 1617 N. 24 St.  
The Salvation Army Home.  
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 358  
Prim. Registration District No. 1004 Local Registrar's No. 358

2. FULL NAME OF CHILD Stillborn. Brenner.

3. Sex <u>F</u>	(If plural births)	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legitimate.....	8. Date of birth <u>6-2-35</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Willard Atkins.</u>				18. Full maiden name <u>MOTHER</u> <u>Anna Brenner</u>		
10. Residence (usual place of abode) <u>unknown.</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Kimbrley</u> (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race <u>W.</u>				12. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) (State or country) <u>Idaho.</u>				22. Birthplace (city or place) (State or country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Schoolgirl.</u>		
16. Date (month and year) last engaged in this work				17. Total time (years) spent in this work		
19. ....				19. ....		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate.  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn 1  
29. If stillborn, period of gestation..... } months or weeks } 30. Cause of stillbirth..... } Before labor..... }  
During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3-45 at A. m. on the date above stated.  
(Signature of Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Stromey, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report.

(Date of)

Address 6-17, 1935 R. Sharp  
Filed 6-17, 1935

Registrar.

Registrar.

CONFIDENTIAL

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

94039

State File No. \_\_\_\_\_

Local Registrar's No. 163(No. Salvation Army Rescue Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Brenner(a) Residence. No. \_\_\_\_\_ St. Boise

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 2, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country)13. NAME Willard Adkins14. BIRTHPLACE (city or town) unknown  
(State or country)15. MAIDEN NAME Anna Brenner16. BIRTHPLACE (city or town) Idaho  
(State or country)17. INFORMANT Adj. Flippin  
(Address) Boise, Idaho18. BURIAL/CREMATION OR REMOVAL  
Place Morris Hill Date 6-4, 193519. UNDERTAKER W. McBratney, Boise  
(Address)20. FILED 6-3, 1935 R. Sharp  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2-35 19322. I HEREBY CERTIFY, That I attended deceased from 6-2-35 193, to 6-2-35 193.

I last saw him alive on \_\_\_\_\_, 193...; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify \_\_\_\_\_

(Signed) R. Sharp, M. D.(Address) Boise, Idaho

Forney

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada  
City of Baie Ida.  
No. St. Luke Hosp. St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

232915

Registration District No. 2 State File No. 332  
Prim. Registration District No. 1004 Local Registrar's No. 332

2. FULL NAME OF CHILD Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature. \_\_\_\_\_ Full term \_\_\_\_\_  
7. Legitimate? yes 8. Date of birth June 8 1935  
(Month, Day, Year)

9. Full name Horatio German Baikie FATHER

10. Residence (usual place of abode) 4515 N 20 -  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Lemoore, Calif.  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. glass blower

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name Ella Florence Ray MOTHER

19. Residence (usual place of abode) same  
(If non-resident, give place and State)

20. Color or race W. 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Ranier, Wash.  
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Apr 3 1935

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:45 P. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Alfred Bulger Jr. M. D.

or M.B. Midwife

Address Baie Idaho

Filed 6-12-1935 R. Sharp

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

Registrar.

2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Ada  
City of Boise

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

94034

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 109

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gorman Bruce Baikie

(a) Residence. No. 1515 No. 20th. St. \_\_\_\_\_

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) S.

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
June 8, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.  
-- -- --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country)

13. NAME H. G. Baikie

14. BIRTHPLACE (city or town) Calif.  
(State or country)

15. MAIDEN NAME Ella Ray

16. BIRTHPLACE (city or town) Wa.  
(State or country)

17. INFORMANT H. G. Baikie, Boise  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 6/9/35, 193..

19. UNDERTAKER W. McBratney, Boise  
(Address)

20. FILED 6-10-1935 R. Sharp  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8/35 193

22. I HEREBY CERTIFY, That I attended deceased from 6/8/35, 193... to 6/8/35, 193...

I last saw him alive on 6/8/35, 193...; death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Respiratory failure at birth.

Other contributory causes of importance:

Unknown

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193..

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Alfred B. Sharp M. D.  
(Address) \_\_\_\_\_



# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

715/120 003 415

1. PLACE OF BIRTH  
County of... Bannock  
City of... Pocatello  
No. \_\_\_\_\_ St.  
St. Anthony's Mercy Hosp.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

232945

Registration District No. 28 State File No. S  
Prim. Registration District No. 2161 Local Registrar's No. 86  
Dovle Ganske

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other..... 4 months  
5. Number, in order of birth..... 6. Premature X 7. Legitimate YES 8. Date of birth June 20, 1935  
(Month, Day, Year)

9. Full name FATHER  
John Ganske  
10. Residence (usual place of abode) R F D #1  
(If non-resident, give place and State) Pocatello  
11. Color or race W 12. Age at last birthday 35 (years)  
13. Birthplace (city or place) Germany  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Tie-plant  
16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 7 yrs

18. Full maiden name MOTHER  
Della Hannah Davis  
19. Residence (usual place of abode) R F D #1  
(If non-resident, give place and State) Pocatello  
20. Color or race W 21. Age at last birthday 27 (years)  
22. Birthplace (city or place) Ashton, Idaho  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3 1%  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 5 mo. months or weeks 30. Cause of stillbirth Long ride. Before labor X During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 1:24 on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William J. Howard, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

Address Pocatello, Idaho

Filed 6/28/, 1935

Registrar.

Registrar.

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

1000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Anthony Mercy</u>		CERTIFICATE OF BIRTH	
<u>Hospital</u>		233005	
(If born in hospital or institution give name.)		Registration District No. <u>28</u> State File No. <u>216</u>	
2. FULL NAME OF CHILD <u>(Stillborn)</u>		Prim. Registration District No. <u>216</u> Local Registrar's No. <u>879</u>	
3. Sex <u>female</u>		4. Twin, triplet, or other. <u>5. Number, in order of birth</u>	
6. Premature <u>8 1/2 mo</u>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>6/25/35</u>		(Month, Day, Year)	
9. Full name <u>Ralph Francis Crotts</u>		18. Full maiden name <u>Rosalie Shaw</u>	
10. Residence (usual place of abode) <u>I029 N Harrison</u>		19. Residence (usual place of abode) <u>I029 N Harrison</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W</u>		12. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) <u>Pocatello, Idaho</u>		20. Color or race <u>W</u>	
(State or Country)		21. Age at last birthday <u>18</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		22. Birthplace (city or place) <u>Standardville, Utah</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Government</u>		(State or Country)	
16. Date (month and year) last engaged in this work <u>present</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>	
17. Total time (years) spent in this work <u>1wk</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
25. Date (month and year) last engaged in this work <u>present</u>		26. Total time (years) spent in this work <u>7 mo</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn <u>I</u>			
29. If stillborn, period of gestation. { months or weeks			
30. Cause of Stillbirth { During labor Before labor			

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7:05 A.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

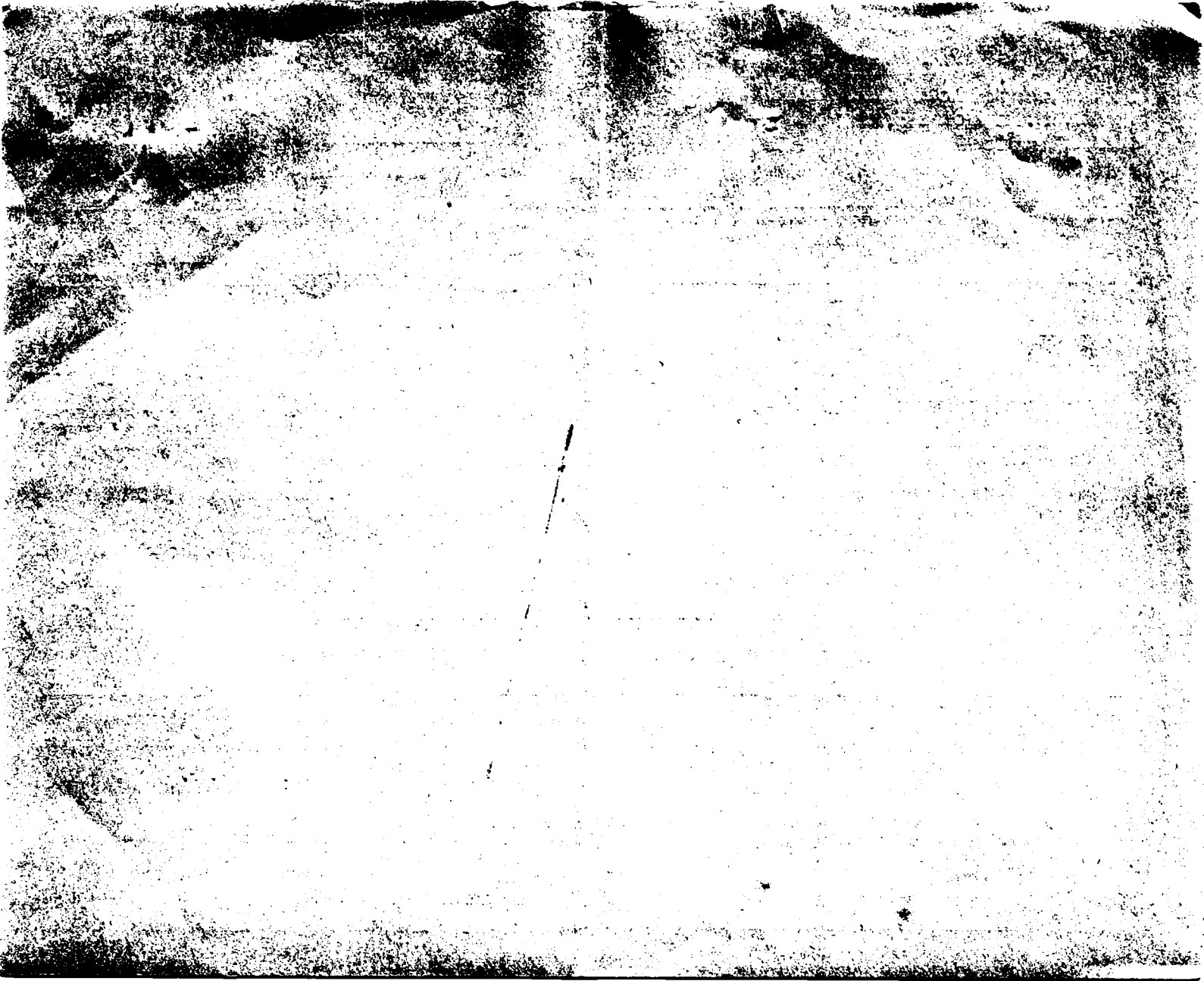
(Signed) O. Call, M. D.

or \_\_\_\_\_, Midwife

Address Pocatello

Filed July 1, 1935 D. C. Ray

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

94068

State File No.

PLACE OF DEATH  
County of Bannock  
City of Pocatello

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 412(No. St Anthony Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Crotts  
(a) Residence. No. 1029 North Harrison St. Pocatello, Idaho  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of None  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
June 25th, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho

13. NAME Ralph F. Crotts

14. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho

15. MAIDEN NAME Roselie Shaw

16. BIRTHPLACE (city or town) Utah  
(State or country)

17. INFORMANT R. F. Crotts  
(Address) 1029 South Harrison

18. BURIAL, CREMATION OR REMOVAL

Place Mt. View Date June 25 1935

19. UNDERTAKER H. L. McHan  
(Address) Pocatello, Idaho

20. FILED 6-25, 1935 D. C. Ray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935, to 6/25/35, 193....

I last saw h... alive on ....., 193....; death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Still born 9 1/2 mos.  
Macrocephalus  
monstrous

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify Oh Cell

(Signed) ....., M. D.

(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

County of Bingham  
City of Blackfoot  
No. R 7 D 3 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

Registration District No. 121 State File No. 233091

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 234

2. FULL NAME OF CHILD Stillborn Moser

3. Sex Male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature Full term Yes 7. Legitimate? Yes 8. Date of birth June 16, 1935 (Month, Day, Year)

9. Full name FATHER Andrew Emral Moser

18. Full maiden name MOTHER Joan Holison

10. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State) R 7 D 3

19. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State) R 7 D 3

11. Color or race White 12. Age at last birthday 27 (years)

20. Color or race White 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Preston Ida  
(State or Country)

22. Birthplace (city or place) Smithfield Utah  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 5

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 34.5 m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) W W Beck M. D.

or Blackfoot Ida Midwife

Address Blackfoot Ida  
Filed July 17, 1935 Wm Halsey E. Bahr Registrar.

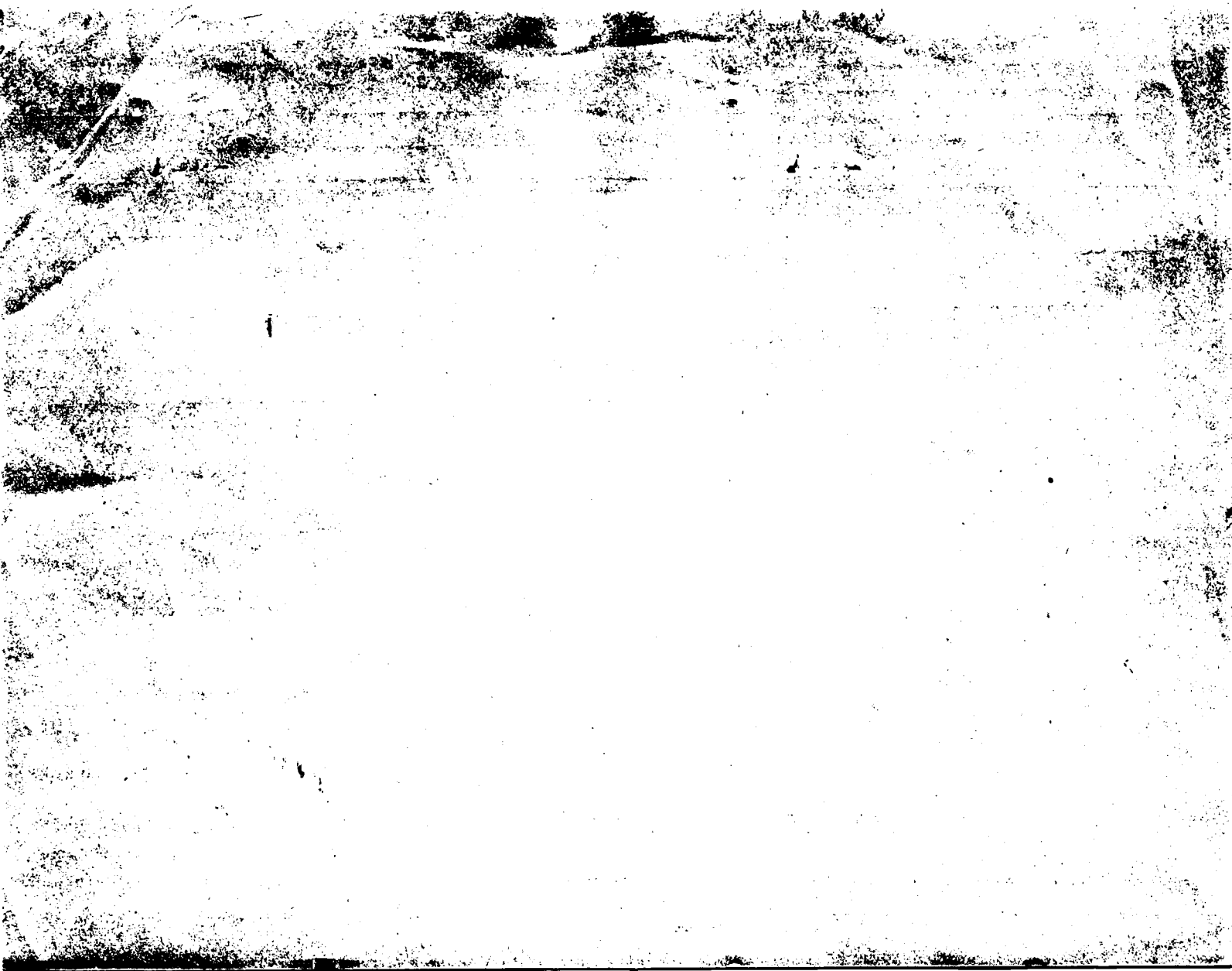
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (Date of)

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

100 8 1935 RECEIVED STATE OF IDAHO  
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE  
County of Bingham BUREAU OF VITAL STATISTICS  
City of Blackfoot CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94113Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 105(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Eugene Moses (Stillborn)(a) Residence. No. R.D. # 3 Blackfoot St. \_\_\_\_\_(Usual place of abode)  
Length of residence in city or town where death occurred. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofStillborn6. DATE OF BIRTH (month, day, and year) June 16, 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Blackfoot Idaho13. NAME Andrew Emory Moses14. BIRTHPLACE (city or town) Preston Idaho15. MAIDEN NAME Joan Holgerson16. BIRTHPLACE (city or town) San Thiel Idaho17. INFORMANT (Address) Emory Moses 123 Blackfoot Idaho18. BURIAL, CREMATION, OR REMOVAL Place Gr. Cem. Date 6-17, 193519. UNDERTAKER (Address) Emma T. Woods 123 Main St. Blackfoot Idaho20. FILED Jan 17, 1935 Mr. Valer E. Statue Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

June 16, 1935, to June 16, 1935I last saw him alive on Stillborn June 16, 1935; death is saidto have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance

were as follows:

Date of onset:

Interference with Circulation in Cord due to Placenta previa

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. W. Beck, M. D.(Address) Blackfoot Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

258-127-007 JUL 2 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

County of Blaine  
City of Hailey  
No. Hailey Clinical St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 57 State File No. S  
Prim. Registration District No. 2022 Local Registrar's No. 30

2. FULL NAME OF CHILD Halter John Kahler

3. Sex <u>Male</u>	4. Twin, triplet, or other.....	5. Premature.....	6. Legiti- mate? <u>Yes</u>	7. Date of birth <u>June 27 1935</u> (Month, Day, Year)
8. If plural births	9. Number, in order of birth.....			

9. Full name <u>Halter John Kahler</u>	FATHER	18. Full maiden name <u>Mary Cathern Bishop</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Bellevue</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bellevue</u>	
11. Color or race <u>W.</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) <u>Peuer, South D.</u> (State or country)		22. Birthplace (city or place) <u>Boise</u> (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>James</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother / (At time of this birth and including this child)  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, None } months } 30. Cause of stillbirth Delayed Cord } Before labor.  
period of gestation 9 mo. 2 } or weeks } } During labor. Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 p.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from  
a supplemental report

(Date of)

Registrar.

(Signed) E. W. H.

M. D.

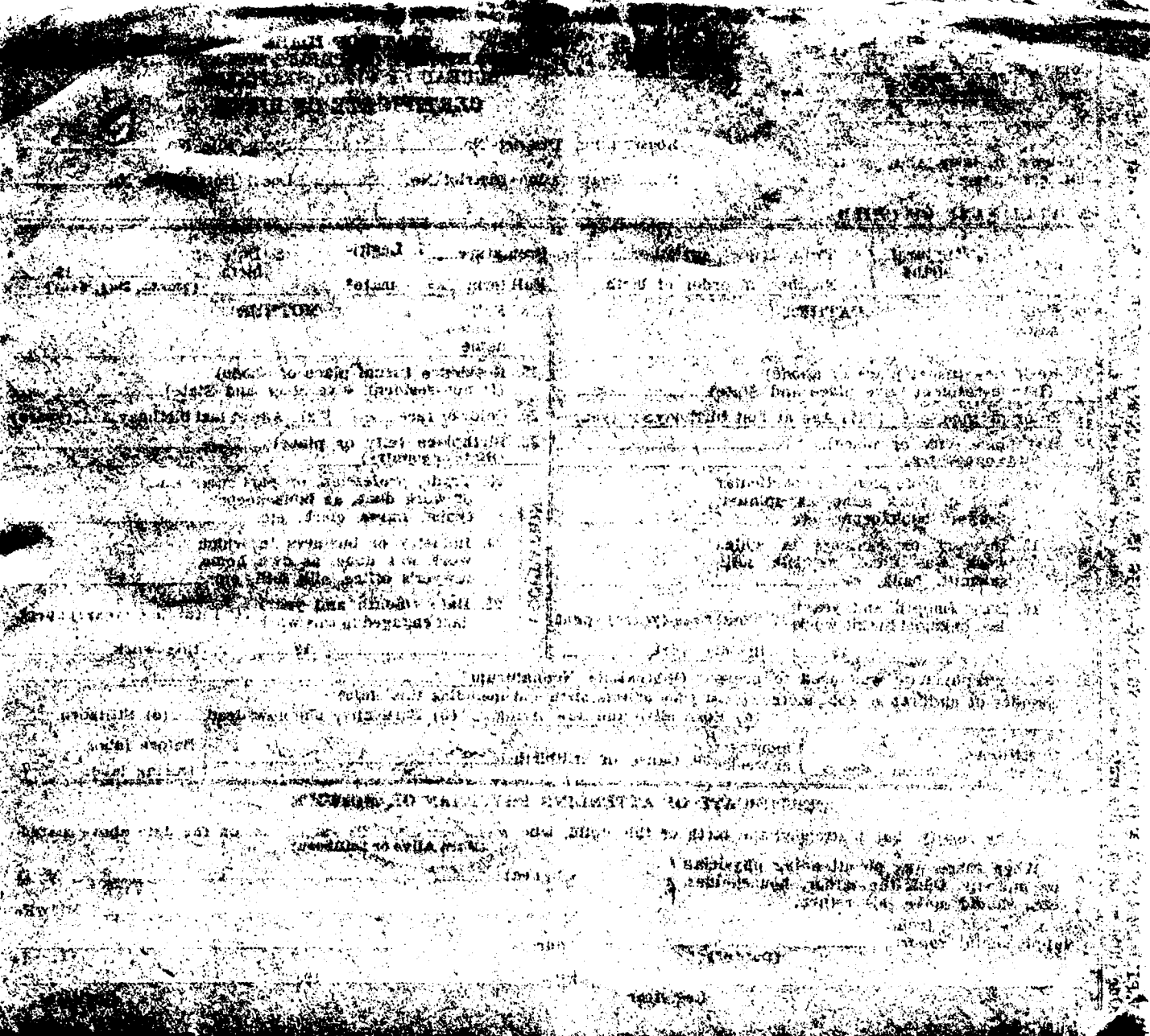
or

Midwife

Address Hailey, Idaho

Filed 6-29, 1935

Registrar.



VALUE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94130

PLACE OF DEATH

County of Blaine

City of Hailey

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Walter John Kahler

(a) Residence No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

6-27-35

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Hailey, Idaho

10. NAME OF FATHER

Walter John Kahler

11. BIRTHPLACE OF FATHER (city or town) (State or country)

Denver South Dakota

12. MAIDEN NAME OF MOTHER

Mary Catherine Rupp

13. BIRTHPLACE OF MOTHER (city or town) (State or country)

Basin Idaho

14. Informant (Address) Walter John Kahler Bellevue Idaho

15. Filed 6-29-35 J. H. Wright - Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 27 1935 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

6/27 1935 to 6/27 1935 that I last saw him alive on 6/27/35

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Prolapsed Cord during labor - Asphyxia -

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Uncontracted fetus Prolonged labor (duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. W. J. M. D.

6/28 1935 (Address) Hailey, Idaho

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state: (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Bellevue, Idaho

Date of Burial

6/28 1935

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

38-108 009-845

JUL 10 1935

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
233121  
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Banner  
City of Sandpoint, Ida.  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)  
Carmell Hospital

Registration District No. 78 State File No. S

Prim. Registration District No. 2155 Local Registrar's No. 241

2. FULL NAME OF CHILD Stillborn Dyer

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	5. Premature	6. Legitimate	7. Date of birth
		5. Number, in order of birth	Full term <u>Yes</u>	mate? <u>Yes</u>	<u>June 8, 1935</u> (Month, Day, Year)

9. Full name FATHER  
Melvin James Dyer

10. Residence (usual place of abode)  
(If non-resident, give place and State) Hope, Idaho

11. Color or race W. 12. Age at last birthday 25 (years)

13. Birthplace (city or place)  
(State or country) Ottawa, Oklahoma

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labor

16. Date (month and year) last engaged in this work  
Not working 1933

17. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 9mo months or weeks 30. Cause of stillbirth Just minor pains in mother  
(Before labor) (During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:45 a.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) B. E. Wendle, M. D.

or \_\_\_\_\_, Midwife

Address Sandpoint, Idaho

Filed July 1st, 1935 J. B. Evans

Registrar.



UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE ATTORNEY GENERAL  
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

MEMORANDUM FOR THE ATTORNEY GENERAL  
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
Registration District No. 78

DO NOT WRITE IN THIS SPACE

94134

State File No. ....

PLACE OF DEATH  
County of Bonner  
City of Sandpoint

Primary Registration District No. 2155

Local Registrar's No. ....

(No. Parhell Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Tyler(a) Residence. No. Hope Idaho Rural

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
June 9, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint  
(State or country) Idaho

13. NAME Melvin James Tyler  
14. BIRTHPLACE (city or town) Ottawa  
(State or country) Oklahoma  
15. MAIDEN NAME Goldie Hunter  
16. BIRTHPLACE (city or town) Webb City  
(State or country) Missouri

17. INFORMANT Melvin James Tyler  
(Address) Hope, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pinecrest  
Place Sandpoint, Ida Date June 10, 1935

19. UNDERTAKER L. G. Moon  
(Address) Sandpoint, Idaho.

20. FILED 6, 8, 1935 Dr. J. B. Evans  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 8, 1935.  
I last saw him alive on June 8, 1935; death is said to have occurred on the date stated above, at Hope, Idaho.  
The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Prolapsed cord

Name of operation..... Date of.....  
What test confirmed diagnosis?.... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 1935.  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Hendle, M. D.(Address) Sandpoint

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

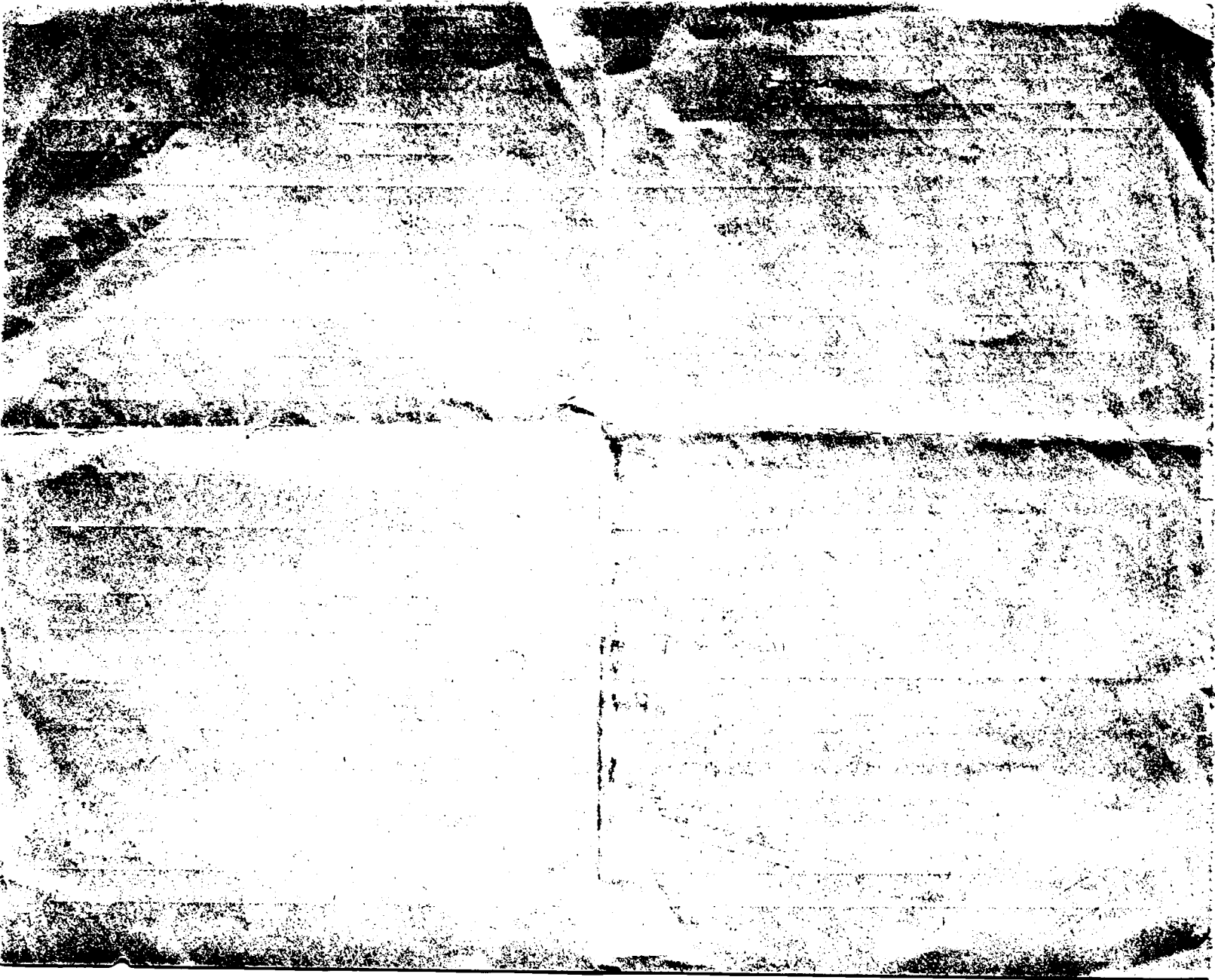
Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		JUN 27 1935 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		No. <u>233157</u>	
No. <u>205 Hospital</u> St.		Registration District No. <u>3</u>		State File No. <u>212-0</u>	
(If born in hospital or institution give name.) <u>Still birth</u>		Prim. Registration District No. <u>212-0</u>		Local Registrar's No. <u>341</u>	
2. FULL NAME OF CHILD					
3. Sex <u>female</u>		4. Twin, triplet, or other <u>no</u>		5. Number, in order of birth <u>1</u>	
6. Premature <u>no</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>June 12, 1935</u> (Month, Day, Year)	
9. Full name <u>Lee C Jeffery</u>		FATHER		18. Full maiden name <u>Lilly Ocherman</u>	
10. Residence (usual place of abode) <u>Dubois Ida</u> (If non-resident, give place and State)		11. Color or race <u>white</u>		12. Age at last birthday <u>45</u> (years)	
13. Birthplace (city or place) <u>Marion Oregon</u> (State or Country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work <u>June 12, 1935</u>		17. Total time (years) spent in this work <u>11 yrs</u>		18. Full maiden name <u>Lilly Ocherman</u>	
19. Residence (usual place of abode) <u>Dubois Ida</u> (If non-resident, give place and State)		20. Color or race <u>white</u>		21. Age at last birthday <u>28</u> (years)	
22. Birthplace (city or place) <u>Blackfoot Idaho</u> (State or Country)		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	
28. Number of children of this mother (At time of this birth and including this child)		(a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>0</u>	
29. If stillborn, period of gestation <u>30 wks</u>		Cause of Stillbirth <u>infection</u>		During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:07</u> A.M. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>[Signature]</u> , M. D.					
or <u>Idaho Falls, Idaho</u> Midwife					
Address <u>[Signature]</u>					
Filed <u>June 13</u> , 193 <u>5</u> - <u>[Signature]</u>					
Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <b>94150</b> State File No. ....	
<b>PLACE OF DEATH</b> County of <u>Bonerville</u> City of <u>Idaho Falls</u>			
<b>CERTIFICATE OF DEATH</b> Registration District No. <u>73</u> Primary Registration District No. <u>710-0</u> Local Registrar's No. <u>138</u>			
(If death occurred in a hospital or institution give its name instead of street and number) <u>Ross Hospital</u>			
<b>2. FULL NAME</b> (a) Residence. No. <u>Dubois</u> <u>Idaho</u> St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Baby</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of			
7. DATE OF BIRTH (month, day, and year) <u>June 12, 1935</u>			
7. AGE	Years	Months	Days
			If LESS than day... hrs. or .... min.
<b>8. Trade, profession, or particular kind of work done, as <u>planer</u>, <u>sawyer</u>, <u>bookkeeper</u>, etc.</b>			
<b>9. Industry or business in which work was done, as <u>silk mill</u>, <u>saw mill</u>, <u>bank</u>, etc.</b>			
<b>10. Date deceased last worked at this occupation (mo. and yr.)</b>			
<b>11. Total time (years) spent in this occupation</b>			
<b>12. BIRTHPLACE (city or town) (State or country)</b> <u>Idaho Falls, Ida</u>			
<b>13. NAME</b> <u>Lee C. Jeffery</u>			
<b>14. BIRTHPLACE (city or town) (State or country)</b> <u>McDon, Oregon</u>			
<b>15. MAIDEN NAME</b> <u>Lily Ochman</u>			
<b>16. BIRTHPLACE (city or town) (State or country)</b> <u>Blackfoot, Ida</u>			
<b>17. INFORMANT</b> (Address) <u>Sp. Coffey</u> <u>father of deceased</u>			
<b>18. BURIAL, CREMATION OR REMOVAL</b> Place <u>Idaho Falls</u> Date <u>6/13</u> , 193 <u>5</u>			
<b>19. UNDERTAKER</b> (Address) <u>none</u>			
<b>20. FILED</b> <u>June 13</u> , 193 <u>5</u> - <u>C. Coffey</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
<b>21. DATE OF DEATH (month and year)</b> <u>June 13</u> , 193 <u>5</u>			
<b>22. HEREBY CERTIFY</b> That I attended deceased from <u>June 12</u> , 193 <u>5</u> , to <u>June 12</u> , 193 <u>5</u> . Last saw him/her alive on <u>6/12/1935</u> ; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows: <u>Strangulation of cord</u>			
Other contributory causes of importance: <u>Infection of placenta</u> <u>Child birth</u>			
Name of operation..... Date of..... What test confirmed diagnosis?.... Was there an autopsy?..			
<b>23. If death was due to external causes (violence) fill in also the following:</b> Accident, suicide, or homicide?..... Date of injury.., 193.. Where did injury occur?..... (Specify city or town, county, and state)			
Specify whether injury occurred in <b>industry</b> , in <b>home</b> , or in <b>public place</b> . Manner of injury..... Nature of injury.....			
<b>24. Was disease or injury in any way related to occupation of deceased?</b> .... If so, specify..... (Signed) <u>R. J. J. J.</u> M. D. (Address) <u>Idaho Falls</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

493  
1. PLACE OF BIRTH

County Canyon JUL 9 1935  
City of Carissa

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 1007 State File No. \_\_\_\_\_

Prim. Registration District No. 3 Local Registrar's No. 221

2. FULL NAME OF CHILD Steelborn Mitchell

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate (circled) 8. Date of birth May 5, 1935  
5. Number, in order of birth \_\_\_\_\_ Full term yes male (circled) (MONTH, DAY, YEAR)

9. Full name FATHER not known 18. Full maiden name MOTHER Emelyn Mitchell

10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 19. Residence (usual place of abode) (If non-resident, give place and State) Carissa Ida.

11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years) 20. Color or race White 21. Age at last birthday 6 (years)

13. Birthplace (city or place) (State or country) \_\_\_\_\_ 22. Birthplace (city or place) (State or country) Alberta Can.

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work _____ 19 _____	25. Date (month and year) last engaged in this work <u>May 5, 1935</u>
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work <u>5</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation Term { months \_\_\_\_\_ or weeks \_\_\_\_\_ 29. Cause of stillbirth Influenza of mother { Before labor X During labor X

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Steelborn at 7 P. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. M. Mitchell, M. D.

or \_\_\_\_\_, Midwife

Address Carissa Idaho

Filed 6-10, 1935 E. J. Furris

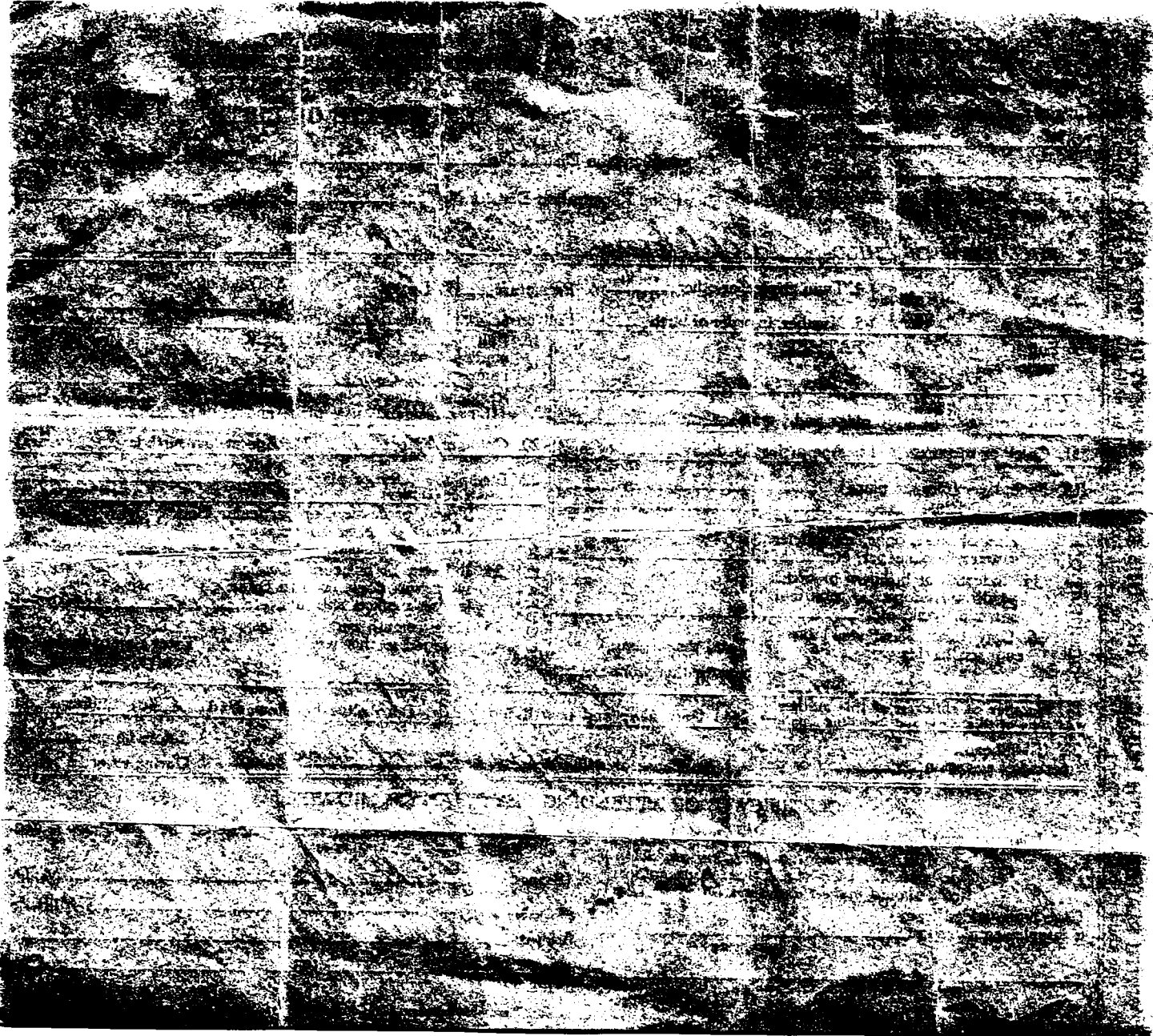
Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.





RECEIVED MAY 11 1935

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of Campan  
City of Parma

State File No. 94177

Registration District No. 107

Primary Registration District No. 3

Local Registrar's No. 55

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stieglborn at term

(a) Residence. No. Parma Idaho  
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) —

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 5/5/35

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
None

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) —  
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Parma Idaho  
(State or country)

13. NAME Stieglborn East Professor

14. BIRTHPLACE (city or town) Stieglborn Mitchell  
(State or country) Parma Ida.

15. MAIDEN NAME Erin Mitchell

16. BIRTHPLACE (city or town) Alberta Canada  
(State or country)

17. INFORMANT W M Mitchell Parma Ida.  
(Address)

18. BURIAL, CREMATION OR REMOVAL Parma  
Place Date 5-6, 1935

19. UNDERTAKER None  
(Address)

20. FILED 5-10, 1935 E. E. Eberhart  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/5/35, 193...., to 5/5, 1935.

I last saw him alive on ....., 193....; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Stieglborn

Other contributory causes of importance:

Influenza Nephritis  
in the mother

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W M Mitchell M. D.  
(Address) Parma Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of CassiaCity of Blackfoot

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 117

State File No. \_\_\_\_\_

Prim. Registration District No. 296 Local Registrar's No. 134

## 2. FULL NAME OF CHILD

Stillborn3. Sex M

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

5-1-1935  
(Month, Day, Year)

5. Number, in order of birth

Full term

mate yes

9. Full name

FATHER

Ross Adams

10. Residence (usual place of abode)

(If non-resident, give place and State) Blackfoot11. Color or race W12. Age at last birthday 34 (years)13. Birthplace (city or place) Ida  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. in this work

13. Full maiden name

MOTHER

Therisa Leran Boren

19. Residence (usual place of abode)

(If non-resident, give place and State) Blackfoot20. Color or race W21. Age at last birthday 31 (years)22. Birthplace (city or place) Ida  
(State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc

HW

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc

25. Date (month and year) last engaged in this work

26. Total time (years) spent

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Booster28. Number of children of this mother (At time of this birth and including this child) 3(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation

months or weeks

30. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed June 25, 1935 Laura G. Spracher

Registrar.

Give name added from a supplemental report.

(Date of)

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

271722-016-523  
JUL 10 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 233344

1. PLACE OF BIRTH  
County of Carson  
City of Burley  
No. 12 St.

(If born in hospital or institution give name.)

Registration District No. 117 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 158

2. FULL NAME OF CHILD Ray Sparkman

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 6-22-1935 (Month, Day, Year)

9. Full name FATHER Albert Ray Sparkman 10. Residence (usual place of abode) (If non-resident, give place and State) Burley, Idaho 11. Color or race W 12. Age at last birthday 36 (years) 13. Birthplace (city or place) (State or country) Shelby, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 16. Date (month and year) last engaged in this work June, 1935

17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Adeline Oakberry 19. Residence (usual place of abode) (If non-resident, give place and State) Burley, Idaho 20. Color or race W 21. Age at last birthday 23 (years) 22. Birthplace (city or place) (State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home 25. Date (month and year) last engaged in this work June, 1935

26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Mercurochrome

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks 30. Cause of stillbirth 12 1/2, Card baby Before labor \_\_\_\_\_ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) St. John, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Burley, Idaho

Filed July 1, 1935 Laura K. Spöcher Registrar.





MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <span style="font-size: 1.5em; font-weight: bold;">94205</span> State File No. ....
<b>PLACE OF DEATH RECEIVED</b> County of <u>Cassia</u> City of <u>Burley</u>		<b>CERTIFICATE OF DEATH</b> Registration District No. <u>117</u> Primary Registration District No. <u>2196</u> Local Registrar's No. <u>70</u>
(If death occurred in a hospital or institution, give its name instead of street and number)		
2. FULL NAME <u>Ray Shackman</u> (a) Residence. No. <u>Burley, Ida. - A. F. D.</u> St. .... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		
3. SEX <u>M.</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) .....
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of .....		
6. DATE OF BIRTH (month, day, and year) <u>June - 22 - 1935</u>		
7. AGE Years Months Days If LESS than 1 day... hrs. or .... min. <u>Still Barne</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....	
MOTHER/FATHER	12. BIRTHPLACE (city or town) <u>Burley</u> (State or country) <u>Idaho</u>	
	13. NAME <u>Albert Ray Shackman</u>	
	14. BIRTHPLACE (city or town) <u>Trachter</u> (State or country) <u>Idaho</u>	
	15. MAIDEN NAME <u>Marnie O. Shilberry</u>	
16. BIRTHPLACE (city or town) <u>Burley</u> (State or country) <u>Idaho</u>		
17. INFORMANT <u>Albert Ray Shackman</u> (Address) <u>Burley, Idaho</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Burley, Ida.</u> Date <u>2/25</u> , 193...		
19. UNDERTAKER <u>R. R. Johnson, Mortuary</u> (Address) <u>Vern B. McCulloch</u>		
20. FILED <u>6/24</u> , 193... <u>Laura E. Spracher</u> Registrar.		
<b>MEDICAL CERTIFICATE OF DEATH</b>		
21. DATE OF DEATH (month, day and year) <u>6/22/1935</u>		
22. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to ..... 193.... I last saw h.... alive on ..... 193....; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows: <u>Still Barne</u> Date of onset ..... Other contributory causes of importance: .....		
Name of operation..... Date of..... What test confirmed diagnosis?... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193... Where did injury occur?..... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. .... Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so specify..... (Signed) <u>L. M. Spracher</u> , M. D. (Address) .....		



Dr. L. M. Kelly.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

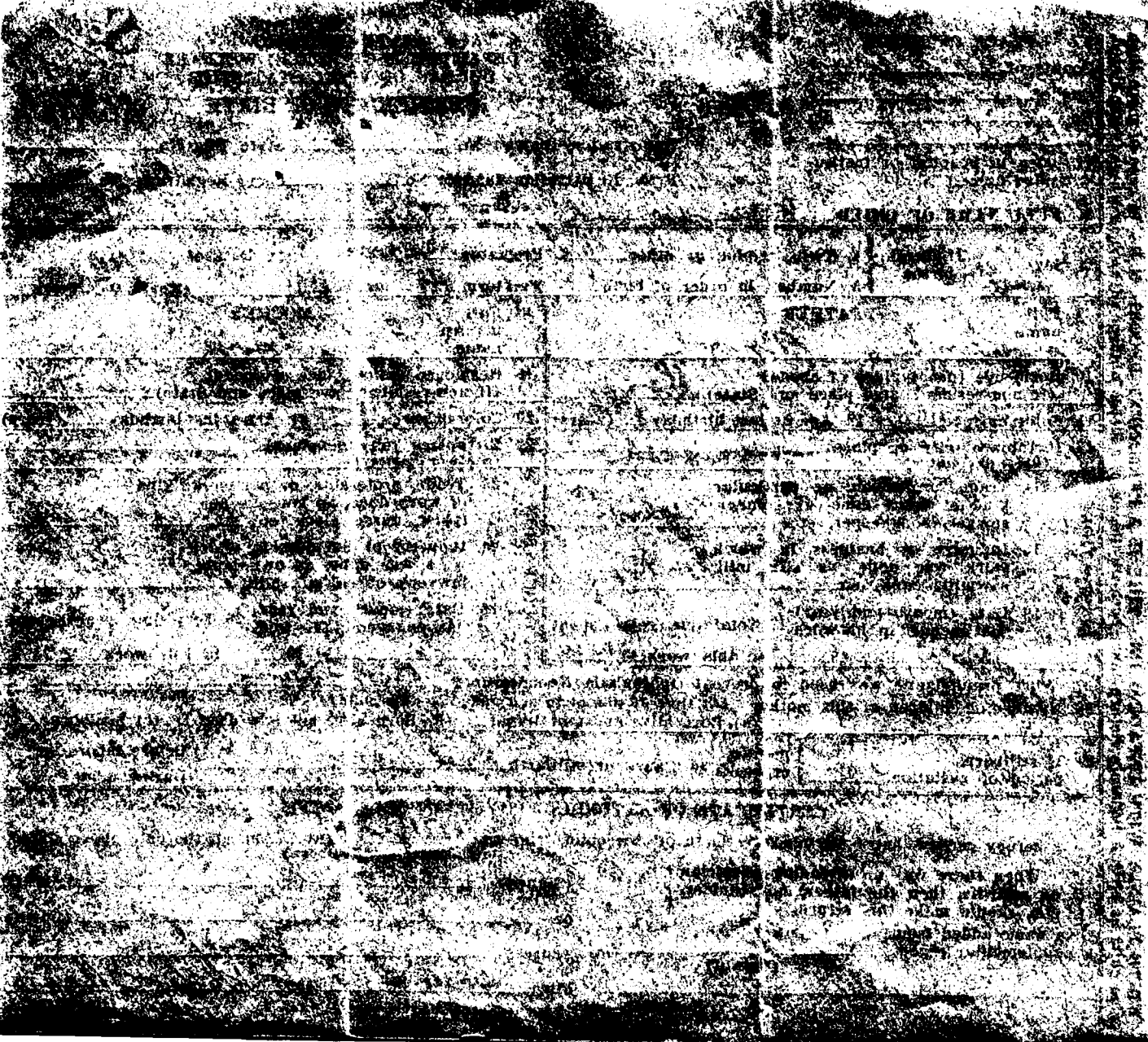
*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## Registrar.

## Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County of Blaine  
City of Orfino  
Burns Hosp

Registration District No. 90  
Primary Registration District No. 2157  
(No. Burns Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frances Lee Moore (still born)  
(a) Residence. No. Abasha St. 206  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Born</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>				
6. DATE OF BIRTH (month, day, and year) <u>6-19-1935</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>Still Born</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation <u>✓</u>				
12. BIRTHPLACE (city or town) <u>Burns Hospital</u> (State or country)				
MOTHER	13. NAME <u>Columbus Moore</u>			
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
	15. MAIDEN NAME <u>Freda Leona Blinn</u>			
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
17. INFORMANT <u>Mother</u> <u>Abasha</u> (Address)				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Abasha</u> Date <u>6-19</u> , 1935				
19. UNDERTAKER <u>V. A. Shaw</u> (Address) <u>Orfino</u>				
20. FILED <u>6-19</u> , 1935 <u>V. A. Shaw</u> Registrar.				

DO NOT WRITE IN THIS SPACE

State File No. 94208Local Registrar's No. 45

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-19, 193522. I HEREBY CERTIFY, That I attended deceased from Born Dead, 1935I last saw him alive on 6-19, 1935; death is saidto have occurred on the date stated above, at 206 m.

The principal cause of death and related causes of importance

were as follows:

And in the middle of  
cord

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 6-19, 1935Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify(Signed) J. H. Robertson, M. D.(Address) Orfino Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

599/124 018-595

1. PLACE OF BIRTH **JUL 5**  
County of Chautauque  
City of Crofton  
No. Crofton Hospital St.  
(If born in hospital or institution give name.)  
Registration District No. 90 State File No. 233378  
Prim. Registration District No. 2157 Local Registrar's No. 50

2. FULL NAME OF CHILD Baby Ericson not named

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth May 24 1935  
(Month, Day, Year)

9. Full name FATHER Arnold Ericson 18. Full maiden name MOTHER Madeline Turner  
10. Residence (usual place of abode) (If non-resident, give place and State) Crofton 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_  
11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 17 (years)  
13. Birthplace (city or place) (State or Country) N. Dakota 22. Birthplace (city or place) (State or Country) West Virginia

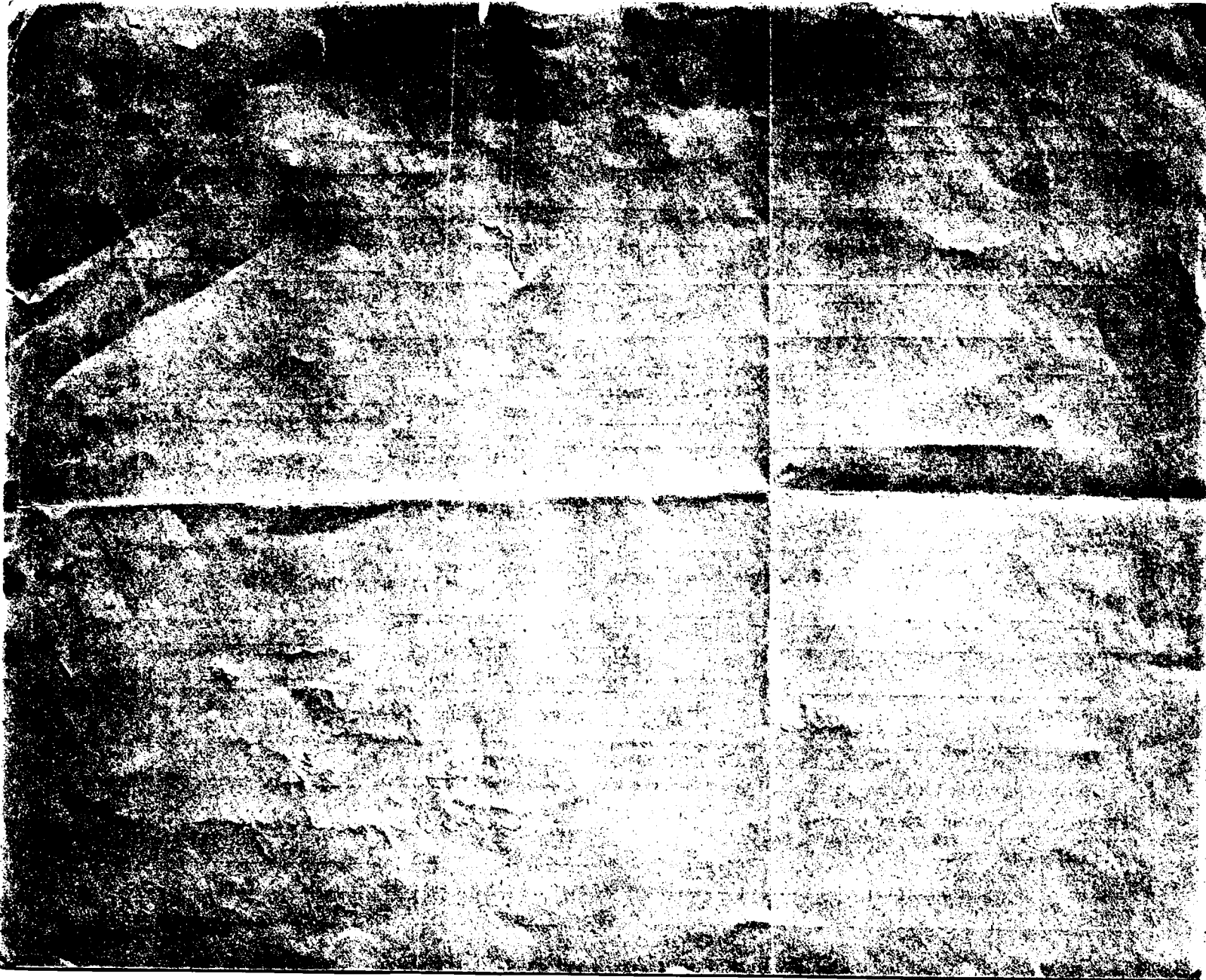
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) one  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead one (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth Placenta During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 2 A m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Registrar. \_\_\_\_\_

(Signed) A. K. Copenhagen M. D.  
or \_\_\_\_\_ Midwife  
Address Crofton Idaho  
Filed 6-8 1935 W. H. Chapman Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
County of Clearwater  
City of Orofino

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
**93767**  
State File No. ....

Registration District No. ....

Primary Registration District No. 2187

Local Registrar's No. 39

(No. Orofino)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME A. R. Erickson Baby not Named

(a) Residence. No. Orofino Idaho St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
May 24 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino (State or country) Idaho

13. NAME A. R. Erickson

14. BIRTHPLACE (city or town) Nothh Dak (State or country)

15. MAIDEN NAME Madlin Nines

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT A. R. Erickson (Address) Orofino

18. BURIAL, CREMATION OR REMOVAL Orofino Place. Date May 25 1935.

19. UNDERTAKER W. A. Shaw (Address) Orofino

20. FILED 5-24-35 W. A. Shaw Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 5/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/24 1935 to 5/24 1935

I last saw him alive on 5/24 1935 death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

Premature death with placenta previa

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. A. Shaw M. D.

(Address) Orofino Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of Gardiner  
City of Gardiner  
No. 1 St. 1

(If born in hospital or institution give name.)

## 2. FULL NAME OF CHILD

3. Sex

Male

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

5. Number, in order of birth

Full term Yes mate YesJune 22 1935  
(Month, Day, Year)

9. Full name

FATHER

10. Residence (usual place of abode)

(If non-resident, give place and State) Gardiner11. Color or race W 12. Age at last birthday 23 (years)13. Birthplace (city or place) Four Branch, Idaho  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. in this work

OCCUPATION

18. Full maiden name

MOTHER

19. Residence (usual place of abode)

(If non-resident, give place and State) Gardiner20. Color or race W 21. Age at last birthday 19 (years)22. Birthplace (city or place) Cleveland, Ohio  
(State or country)23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Merc. Solution

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation 9 mo.

{ months or weeks

30. Cause of stillbirth

Quick delivery  
Instrumental{ Before labor During labor Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

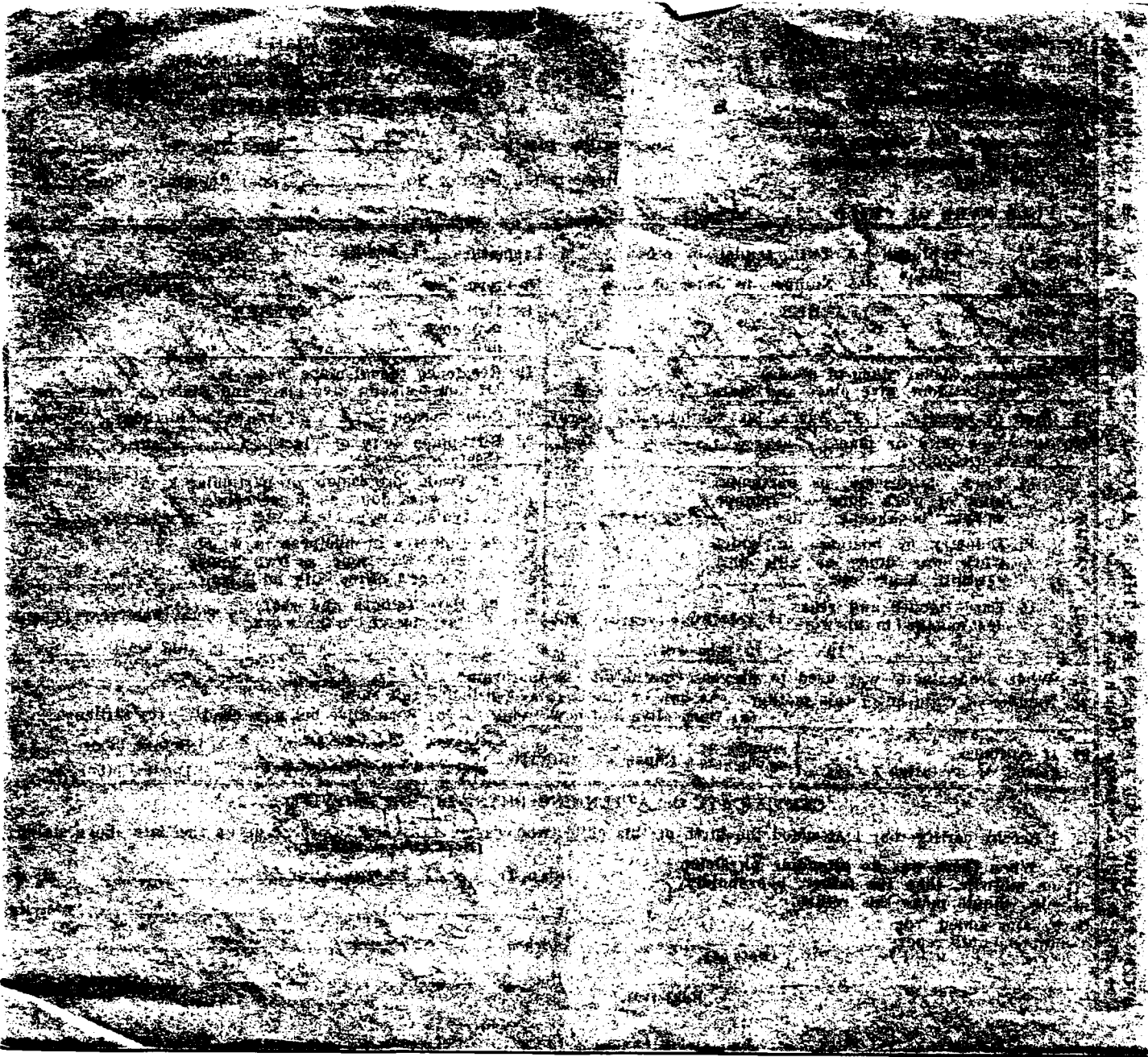
I hereby certify that I attended the birth of this child, who was Stillborn at 2 a.m. on the date above stated.  
(Born alive and now living)(Signed) J. H. Crumwell, M. D.

or \_\_\_\_\_, Midwife

Address Gardiner, IdahoFiled 6-30-1935 J. H. Crumwell

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 10 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of *Goshute*City of *Goshute*

## CERTIFICATE OF DEATH

State File No. *94238*

Registration District No. ....

Primary Registration District No. .... Local Registrar's No. *221*(No. *Goshute Co. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Unnamed Infant*

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *w* 5. Single, Married, Widowed or Divorced (write the word) *Stillborn*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) *6-22-33*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *0 0 0 0*8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper, etc.*9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Goshute, Ida*13. NAME *John P. Deyon*14. BIRTHPLACE (city or town) (State or country) *Ida*15. MAIDEN NAME *Eitz. Anderson*16. BIRTHPLACE (city or town) (State or country) *Ida*17. INFORMANT (Address) *J. P. Deyon Goshute, Ida*18. BURIAL, CREMATION OR REMOVAL Place *Funeral Home, Ida* Date *6-23-35*19. UNDERTAKER (Address) *None*20. FILED *6/30, 1935* Registrar *J. H. Cronin*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *6-22-1935*

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193....

I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

*Stillborn* Date of onset*Full term*

Other contributory causes of importance:

*Breath presentation**Delay in delivery**F. Head*Name of operation... *forceps* Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so specify.....

(Signed) *J. H. Cronin* M. D.(Address) *Goshute*

FEB 15 1927

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

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**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

132708029-795

RECEIVED JUN 10 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 233544

County of Pocatello  
City of Pocatello  
No. Pocatello Hospital St. Pocatello  
(If born in hospital or institution give name.)

Registration District No. 65 State File No. \_\_\_\_\_  
Prim. Registration District No. 2145 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Walter Dale Albright

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legiti- mate?	8. Date of birth <u>June 8, 1935</u> (Month, Day, Year)
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9. Full name <u>Dale Albright</u> FATHER	18. Full maiden name <u>Dorothy Pierce</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>22</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) (State or country) <u>Oregon</u>	22. Birthplace (city or place) (State or country) <u>Fernwood Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>logger</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Woods</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Rented Home</u>		
16. Date (month and year) last engaged in this work <u>June 8, 1935</u>	17. Total time (years) spent in this work <u>1 mo.</u>	25. Date (month and year) last engaged in this work <u>June 8, 1935</u>	26. Total time (years) spent in this work <u>1</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None 10%

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks 9 months 30. Cause of stillbirth Self medication (Quinine) Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born m. on the date above stated.  
(If stillborn, state cause)

(Signed) F. C. Gibson, M. D.  
or \_\_\_\_\_, Midwife

Address Pocatello  
Filed June 13, 1935 Dyer Thompson Registrar.

REPORT OF THE

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 10 1935

## PLACE OF DEATH

County of Latah  
City of Potlatch

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 65Primary Registration District No. 2145

DO NOT WRITE IN THIS SPACE

State File No. 94278(No. Potlatch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Walter Dale Albright (Still born)

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 8, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Potlatch  
(State or country) Ida.13. NAME Dale Albright14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Dorothy Pierce Fernwood16. BIRTHPLACE (city or town) Ida.  
(State or country)17. INFORMANT Mrs. Walter Pierce Bovill? Ida.  
(Address)18. ~~#####~~ ON OR REMOVALPlace Moscow, Ida. Date 6/8, 193519. UNDERTAKER H. P. Thompson  
(Address) Moscow20. FILED 6/10, 1935 H. P. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/8 193 5

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to ..... 193....

I last saw h... alive on ..... 193....: death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 193.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....(Signed) H. C. Gibson, M. D.(Address) Potlatch



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of Intake  
City of Pottlatch  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

RECEIVED JUN 19 1936

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 233552

Registration District No. 65 State File No. \_\_\_\_\_

Prim. Registration District No. 2/45 Local Registrar's No. \_\_\_\_\_

## 2. FULL NAME OF CHILD

Stillborn

3. Sex  
male

If plural  
births

4. Twin, triplet, or other \_\_\_\_\_

6. Premature yes  
Full term \_\_\_\_\_

7. Legiti-  
mate? yes

8. Date of  
birth June 12, 1935  
(MONTH, DAY, YEAR)

9. Full  
name

FATHER

Hugh Howell

10. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race white 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Idaho  
(State or country)

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Lumberman

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Lumber mill

16. Date (month and year) last  
engaged in this work June, 1935  
17. Total time (years)  
spent in this work 1

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, 2 months 2 months  
period of gestation 2 months or weeks 29. Cause of stillbirth Fever & influenza  
Before labor yes  
During labor no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 1:30 p. m. on the date above stated.  
(SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. }

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

(Signed) J. W. Thompson, M. D.

or \_\_\_\_\_, Midwife

Address Pottlatch

Filed June 12, 1936 J. W. Thompson  
Registrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>	City of <u>Boothatch</u>	CERTIFICATE OF DEATH		State File No. <u>94284</u>	
		Registration District No. <u>66</u>		Local Registrar's No. _____	
		Primary Registration District No. <u>2145</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>(No) Howell - Still born</u>					
(a) Residence. No. <u>Boothatch Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (month, day, and year) <u>June 12 - 1925</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>					
12. BIRTHPLACE (city or town) <u>Boothatch</u> (State or country)					
FATHER					
13. NAME <u>Hugh Howell</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Doris Birch</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Hugh Howell</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Free Cemetery</u> Place <u>Burial</u> Date <u>June 13, 1935</u>					
19. UNDERTAKER <u>Parents</u> (Address)					
20. FILED <u>June 13, 1935</u> <u>J. W. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 12, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h..... alive on _____, 193____: death is said to have occurred on the date stated above, at _____m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
Other contributory causes of importance:					
<u>Influenza of mother</u>					
Name of operation <input checked="" type="checkbox"/> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>					
If so, specify _____					
(Signed) <u>J. W. Thompson</u> _____, M. D.					
(Address) <u>Boothatch</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Myer **12 1935 RECEIVED** STATE OF IDAHO  
City of Lewiston DEPARTMENT OF PUBLIC WELFARE  
No. St. Joseph's Hospital REGISTRATION DISTRICT No. 1009 STATE FILE No. 233647  
(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD (Male) Hammers

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimate? <u>X</u>	8. Date of birth <u>6-6</u> , 19 <u>35</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>X</u>		

9. Full name <u>Arthur E Hammers</u>	FATHER	18. Full maiden name <u>Bernadine Konen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Uniontown</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Uniontown</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or country) <u>2 daks</u>		22. Birthplace (city or place) (State or country) <u>Washington</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Hg N.O.

28. Number of children of this mother (At time of this birth and including this child)  
2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 7 1/2 months or weeks 30. Cause of stillbirth Miscarriage  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:15 p.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) B. H. Hammers, M. D.

or \_\_\_\_\_, Midwife

Address Lewiston Idaho

Filed ✓, 1935

Give name added from a supplemental report.

July 8, 1935  
(Date of)  
J. M. Kyle  
Registrar.

Registrar.

DECLASSIFIED  
DATE 12/11/2000

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

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97. [Illegible text]

98. [Illegible text]

99. [Illegible text]

100. [Illegible text]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 3 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 233670  
Registration District No. 76 State File No. 233670  
Prim. Registration District No. 2069 Local Registrar's No. 54

1. PLACE OF BIRTH  
County of Oneida  
City of Mosad, Idaho  
No. 7-108-236 St. 255  
Community Hosp.  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 9, 1935</u> (Month, Day, Year)
9. Full name <u>Leo Mc Camp</u> FATHER		18. Full maiden name <u>Elvarene Beetsom</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mosad, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mosad, Idaho</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>53</u> (years)		
13. Birthplace (city or place) (State or country) <u>Wellsburg, Utah</u>		20. Color or race <u>W</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trader</u>		21. Age at last birthday <u>36</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		22. Birthplace (city or place) (State or country) <u>Mosad, Idaho</u>		
16. Date (month and year) last engaged in this work <u>✓</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
17. Total time (years) spent in this work <u>✓</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
18. Total time (years) spent in this work <u>✓</u>		25. Date (month and year) last engaged in this work <u>✓</u>		
19. Total time (years) spent in this work <u>✓</u>		26. Total time (years) spent in this work <u>✓</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, full term <u>full term</u> months or weeks <u>3</u> 30. Cause of stillbirth <u>Premature separation of placenta</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

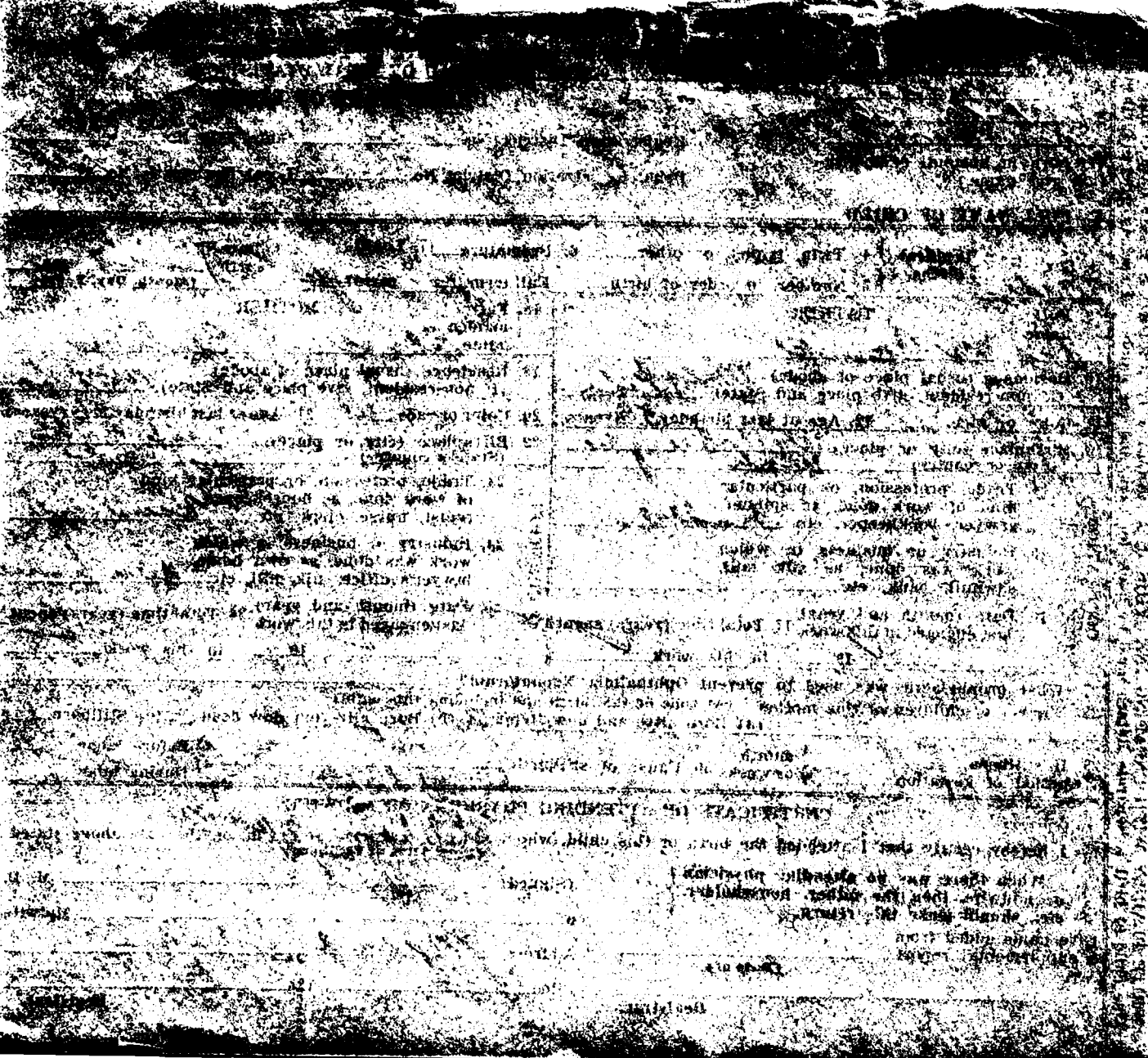
I hereby certify that I attended the birth of this child, who was Stillborn at 7:40 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of) \_\_\_\_\_

Registrar. W. P. Karst M. D.  
Address Mosad, Idaho  
Filed 6/30, 1935 W. M. Kerns Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF **Oneida**  
CITY OF **Malad**  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
94322  
State File No. ....

Registration District No. ....  
Primary Registration District No. **2069** Local Registrar's No. **13**

(No. **Malad Community Hospital**)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Baby Camp (Stillborn)**

(a). Residence. No. **Malad Idaho R.F.D. # 1**  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Male</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed or Divorced (write the word) <b>Baby</b>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <b>May 9 1935</b>				
7. AGE	Years	Months	Days	If LESS than 1 day 0 hrs. or 0 min.
	<b>0</b>	<b>0</b>	<b>0</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (mo. and yr.)			
11. Total time (years) spent in this occupation				

MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country)	<b>Malad Idaho</b>
	13. NAME	<b>L.M. Camp</b>
	14. BIRTHPLACE (city or town) (State or country)	<b>Wallsburg Utah</b>
	15. MAIDEN NAME	<b>Elvareen Beeton</b>
	16. BIRTHPLACE (city or town) (State or country)	<b>Marsh Center Idaho</b>
17. INFORMANT (Address)		<b>Malad Idaho R.F.D. # 1</b>
18. BURIAL, CREMATION OR REMOVAL		<b>Burial</b>
Place		<b>St. John Idaho</b>
Date		<b>June 10 1935</b>
19. UNDERTAKER (Address)		<b>Malad Idaho</b>
20. FILED		<b>6/30 1935</b>

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year)	<b>May 9 1935</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>May 9 1935</b> , to <b>May 9 1935</b> . I last saw him alive on <b>May 9 1935</b> ; death is said to have occurred on the date stated above, at <b>Malad Idaho</b> . The principal cause of death and related causes of importance were as follows: <b>Premature separation of placenta 24 hrs. before birth.</b>	
Other contributory causes of importance:	
Name of operation <b>✓</b> Date of <b>May 9 1935</b>	
What test confirmed diagnosis? <b>✓</b> Was there an autopsy? <b>✓</b>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <b>✓</b> Date of injury <b>May 9 1935</b> . Where did injury occur? <b>✓</b> (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place. <b>✓</b>	
Manner of injury <b>✓</b>	
Nature of injury <b>✓</b>	
24. Was disease or injury in any way related to occupation of deceased? <b>no</b> If so, specify <b>no</b>	
(Signed) <b>W. O. Garret</b> M. D.	
(Address) <b>Malad, Ida.</b>	

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

6131141-296

1. PLACE OF BIRTH  
County of Idaho **JUL 5 1935 RECEIVED** STATE OF IDAHO  
City of Felt DEPARTMENT OF PUBLIC WELFARE  
No. \_\_\_\_\_ BUREAU OF VITAL STATISTICS 233706  
St. \_\_\_\_\_  
Registration District No. 77 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 3176 Local Registrar's No. 39

2. FULL NAME OF CHILD \_\_\_\_\_

3. Sex <u>m</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>+</u>	8. Date of birth <u>6/14</u> 193 <u>5</u> (Month, Day, Year)
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9. Full name <u>Raymond Walsh</u>	FATHER	18. Full maiden name <u>Maude T. Brooks</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Felt, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Id.</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>42</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>42</u> (years)
13. Birthplace (city or place) (State or Country) <u>Nebraska</u>		22. Birthplace (city or place) (State or Country) <u>Montana</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work <u>Always</u>	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work <u>Always</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 6 (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

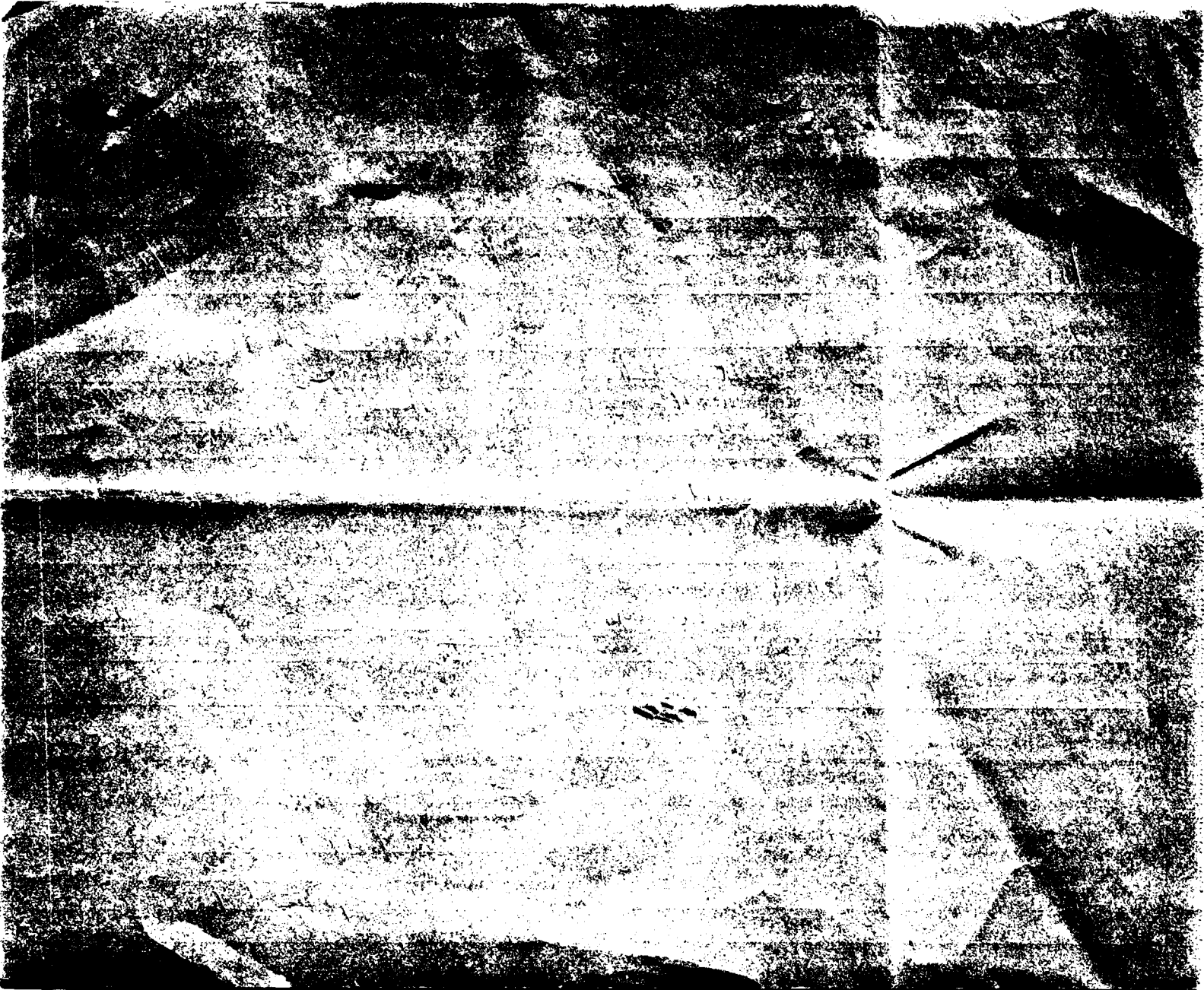
29. If stillborn, period of gestation 6 mo. { months or weeks } 30. Cause of Stillbirth ? { During labor. Before labor. Dead 5 weeks }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:40 P. m. on the date above stated.  
(Born Alive Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) L. P. Redner, M. D.  
or \_\_\_\_\_, Midwife  
Address Angus, Idaho  
Filed 7-3- 1935 Albie M. Greene  
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 9 1935

RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Teton

City of Felt

CERTIFICATE OF DEATH

Registration District No. 77

Primary Registration District No. 3176

State File No. 95112

Local Registrar's No. 2

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still Born baby Walsh 206

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 6-14-1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Felt Idaho  
(State or country)

13. NAME Raymond Walsh

14. BIRTHPLACE (city or town) Nebraska  
(State or country)

15. MAIDEN NAME Maudie Brock

16. BIRTHPLACE (city or town) Montana  
(State or country)

17. INFORMANT (Address) Raymond Walsh  
Felt, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Felt Idaho Date 6-15-1935

19. UNDERTAKER (Address) \_\_\_\_\_

20. FILED 7-6-, 1935 Oliver M. Greene  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-14-1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Still born at 7 months  
Pregnancy. Had been  
dead several weeks in  
utero. Cannot determine  
cause

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. T. T. T. T., M. D.

(Address) Biggs, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

233834  
S

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Cedar  
City of Boise Idaho  
No. 12 St. Alphonsus  
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 397  
Prim. Registration District No. 1004 Local Registrar's No. 397

2. FULL NAME OF CHILD Bobby Moss (Stillbirth)

3. Sex M. { If plural births } 4. Twin, triplet, or other. 1 6. Premature. No 7. Legiti- mate 8. Date of birth 6-2-1935  
(Month, Day, Year)

9. Full name William Moss FATHER

10. Residence (usual place of abode) Murphy Douglas  
(If non-resident, give place and State) Idaho

11. Color or race W. 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Colorado (Denver)  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self

16. Date (month and year) to date 1935

17. Total time (years) spent in this work 25 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks 30 Cause of stillbirth Before labor or During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:40 p.m. on the date above stated.  
(If stillborn, state date and time)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) John David, M. D.

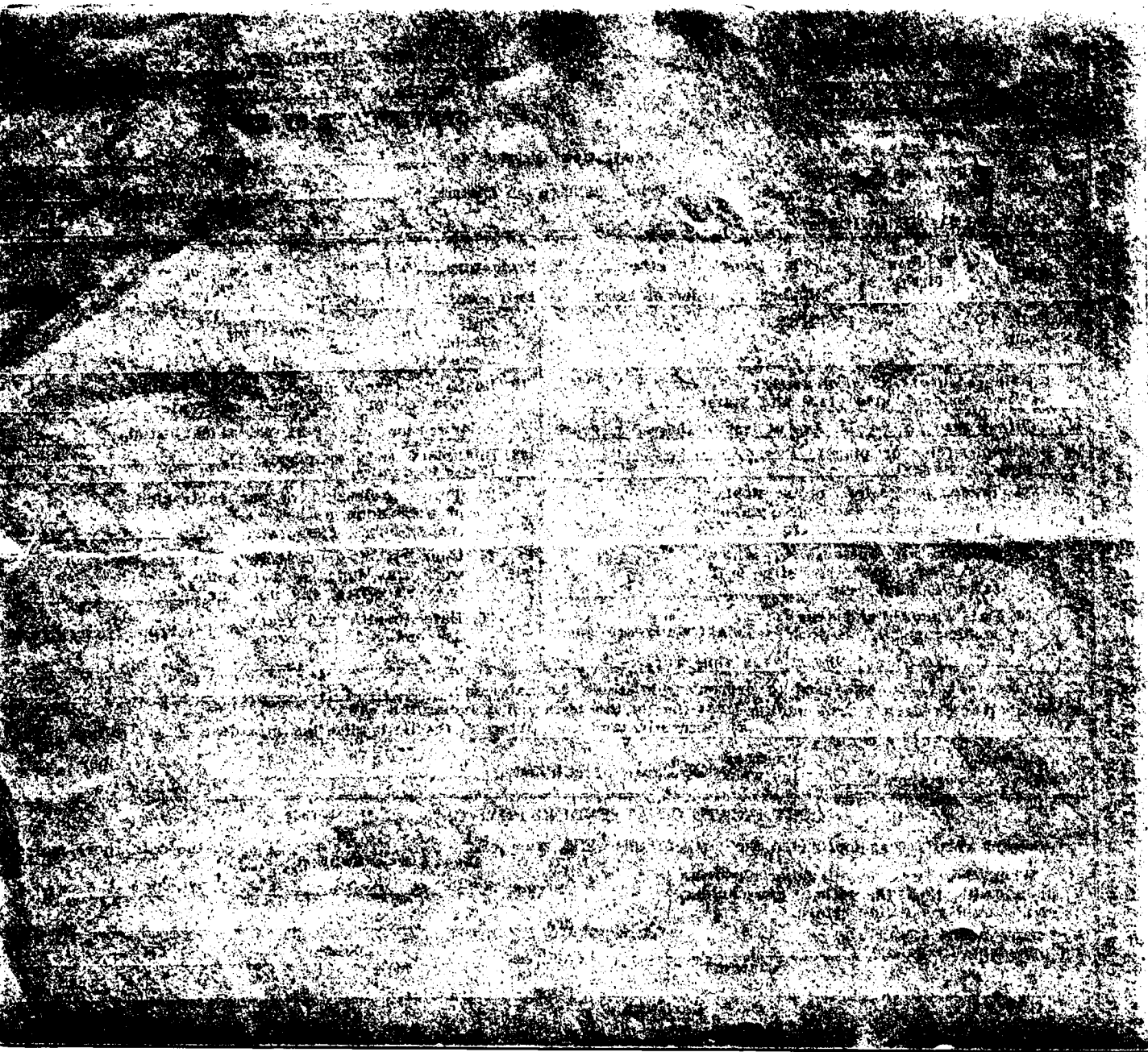
Give name added from a supplemental report. or Barry Idley, Midwife

(Date of) 7-5-1935 Address R. Sharp

Registrar.

Registrar.





N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 94041Local Registrar's No. 1612. FULL NAME Baby Moss(a) Residence. No. Murphy Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 2, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country)13. NAME William Moss14. BIRTHPLACE (city or town) Colo.  
(State or country)15. MAIDEN NAME Henrietta Jeffrey16. BIRTHPLACE (city or town) Arkansas  
(State or country)17. INFORMANT William Moss  
(Address) Murphy Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 6-3-35 193519. UNDERTAKER W. McBratney Boise  
(Address)20. FILED 6-3-35 1935 R. Sharp  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2-35 193522. I HEREBY CERTIFY, That I attended deceased from 6-2-1935 to 6-2-1935I last saw him alive on 6-2-1935; death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1935.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Sharp M. D.(Address) Boise Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

452-210-006-695

1. PLACE OF BIRTH  
 County of Bingham  
 City of Basalt  
 No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 121 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 243

2. FULL NAME OF CHILD Barbery Penelope

3. Sex Female If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth May 10, 1935  
 5. Number, in order of birth \_\_\_\_\_ Full term no (Month, Day, Year)

9. Full name Clifford Messick FATHER 18. Full maiden name Buelah Under MOTHER

10. Residence (usual place of abode) Basalt Ida 19. Residence (usual place of abode) Basalt Ida  
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Basalt Ida 22. Birthplace (city or place) Ida  
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 6 yrs 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 8'2 mo { months or weeks \_\_\_\_\_ 30. Cause of stillbirth Not known Before labor yes During labor \_\_\_\_\_

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shellen at 8:30 am on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) F. R. R. R., M. D.

or Shellen Ida, Midwife

Address \_\_\_\_\_

Filed July 6, 1935, 1935 Mrs. Walter E. R. R. Registrar.

(F. R. R.)

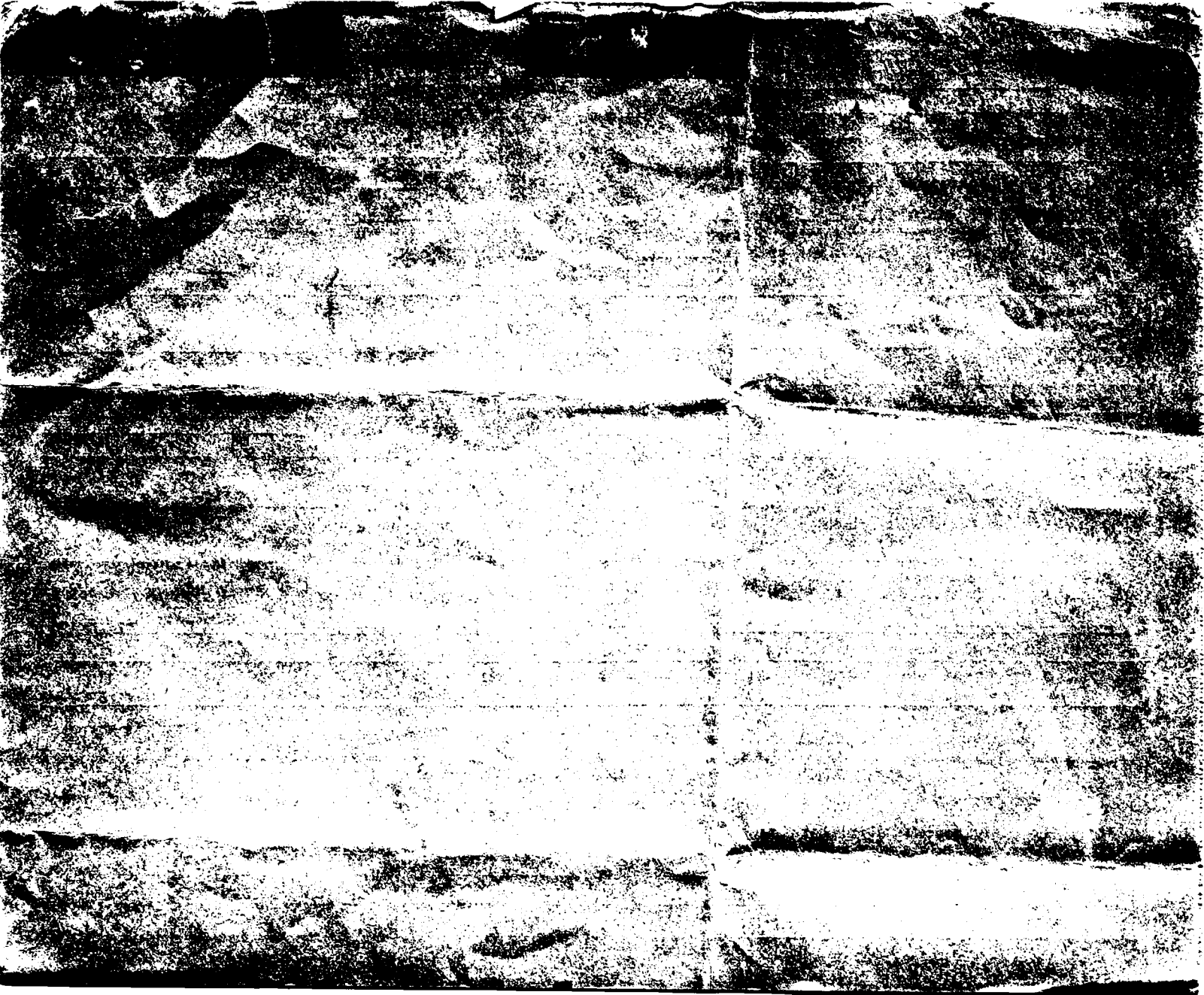
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED 22 1935

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S233973



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

FORM 1, 1919. RECEIVED JUN 5 1900

1. STATE OF DEATH

County of Brigham

City of Shelley

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

CERTIFICATE OF DEATH

Registration District No. 121

Primary Registration District No. 2194

(No. .... St.)

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

File No. 93655

Registered No. 86

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word.)

6. DATE OF BIRTH May 10 1935  
(Month) (Day) (Year)

7. AGE Premature birth  
Yrs. Mos. ds. IF LESS than 1 day  
How many hrs. or min.

8. OCCUPATION

(a) Trade, profession or particular kind of work.  
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE Shelley, Ida.  
(State or Country)

10. NAME OF FATHER Clifford Messick

11. BIRTHPLACE OF FATHER Basalt, Ida.  
(State or Country)

12. MAIDEN NAME OF MOTHER Berulah Wood

13. BIRTHPLACE OF MOTHER Idaho  
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clifford Messick  
(Address) Basalt, Ida.

15. May 12 1935  
Filed May 12 1935 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 10 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 19  
that I last saw him alive on 19  
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH\* was as follows:

Premature / Mrs.  
(Duration) Yrs. mos. ds.

Contributory (Secondary) Dent Brn

(Duration) Yrs. mos. ds.

(Signed) F. W. Wood M. D.

May 10 1935 (Address) Shelley, Ida.

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence Basalt, Idaho.

19. PLACE OF BURIAL OR REMOVAL Basalt, Idaho DATE OF BURIAL May 11, 1935

20. UNDERTAKER None. ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

366-123.006-155

1. PLACE OF BIRTH  
County of Bingham AUG 6 1935 RECEIVED  
City of Firth STATE OF IDAHO  
No. \_\_\_\_\_ St. DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 233991

(If born in hospital or institution give name.)  
Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 2194 Local Registrar's No. 211

2. FULL NAME OF CHILD Glenn (Stillborn) Cooper

3. Sex male If plural { 4. Twin, triplet, or other \_\_\_\_\_  
births { 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legiti-  
mate? yes 8. Date of  
birth June 23, 1935  
(Month, Day, Year)

9. Full name FATHER Fredrick S. Cooper  
18. Full maiden name MOTHER Josephine O. Jensen

10. Residence (usual place of abode)  
(If non-resident, give place and State) Butte, Firth  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Butte, Firth

11. Color or race W 12. Age at last birthday 47 (years)  
20. Color or race W 21. Age at last birthday 41 (years)

13. Birthplace (city or place) Wellsville, Utah  
(State or Country)  
22. Birthplace (city or place) Denmark  
(State or Country)

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. farmer  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. own home

16. Date (month and year)  
last engaged in this work now 17. Total time (years) spent  
in this work 26  
25. Date (month and year)  
last engaged in this work now 26. Total time (years) spent  
in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 10  
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 40 weeks { months or weeks  
30. Cause of Stillbirth Breech { During labor yes  
Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 A.M. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) F. V. Roberts, M. D.

Give name added from \_\_\_\_\_  
Address Shelley, Ida, Midwife

(Date of) \_\_\_\_\_  
Filed Aug 2, 1935 Mrs. Helen E. Fabrice  
Registrar. Registrar.



MAR 24 2017

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Bingham  
City of Firth

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 94112Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 109

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cooper(a) Residence. No. Rt #1

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>June 23 1925</u>		
7. AGE	Years	Months Days
		<u>no</u>
If LESS than 1 day... hrs. or .... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Firth, Ida.</u>	
	13. NAME <u>Fred Cooper</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Wellsboro, Utah</u>	
	15. MAIDEN NAME <u>Athena Jensen</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>	
17. INFORMANT <u>Fred Cooper</u> (Address) <u>Firth, Idaho</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Blackfoot, Ida.</u> Date <u>June 25 1935</u>		
19. UNDERTAKER <u>John C. Gandy</u> (Address) <u>Blackfoot, Ida.</u>		
20. FILED <u>June 25 1935</u> <u>M. D. Staley</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935, to June 23, 1935.  
I last saw him alive on June 23, 1935; death is said to have occurred on the date stated above, at 7:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Breech confinement  
June 23-35

Other contributory causes of importance:

Very large head among  
stagnant birth

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? no Date of injury... 193.

Where did injury occur? ✓  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation or deceased? no If so, specify

(Signed) M. D. Staley M. D.  
(Address) Blackfoot, Ida.

NOV 30 2005

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

964-115-006-695 AUG 6 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
S 234005

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. Boy 93 St. \_\_\_\_\_  
Registration District No. 121 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 267  
2. FULL NAME OF CHILD Stillborn Rodgers

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature Yes 7. Legitimate? Yes 8. Date of birth July 15, 1935  
(Month, Day, Year)

9. Full name FATHER John Robert Rodgers  
10. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 23 (years)  
13. Birthplace (city or place) Howe Ida  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common  
16. Date (month and year) last engaged in this work now, 19\_\_\_\_  
17. Total time (years) spent in this work 5 years  
18. Full maiden name MOTHER Erma Ethel Wieland  
19. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State)  
20. Color or race White 21. Age at last birthday 19 (years)  
22. Birthplace (city or place) Blackfoot Ida  
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home  
25. Date (month and year) last engaged in this work now, 19\_\_\_\_  
26. Total time (years) spent in this work 1 year  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 6 months { months or weeks felt down stairs June 15<sup>th</sup>  
30. Cause of Stillbirth breached a month { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 9:00 p.m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
(Signed) W. W. Beck M. D.  
or \_\_\_\_\_ Midwife  
Address Blackfoot Idaho  
Filed Aug 3 1935 Wm. H. Bates Registrar.  
Registrar.

no 02

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 386-16-006-649  
PLACE OF BIRTH

County of Bingham  
City of Panguitch RFD #1  
No. \_\_\_\_\_ St. \_\_\_\_\_

AUG 8 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S 234021

Registration District No. 116 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2195 Local Registrar's No. 44

2. FULL NAME OF CHILD

"Still Birth Boy" Thompson

3. Sex M If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 7-26, 1935  
5. Number, in order of birth \_\_\_\_\_ Full term Yes (Month, Day, Year)

9. Full name FATHER Floyd Charles Thompson 18. Full maiden name MOTHER Edith Leticia Furness

10. Residence (usual place of abode) Panguitch, R.I. 19. Residence (usual place of abode) Panguitch, R.I.  
(If non-resident, give place and State)

11. Color or race Caucasian 12. Age at last birthday 42 (years) 20. Color or race Caucasian 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Blackfoot, R.I. 22. Birthplace (city or place) Agua, Utah  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present, 19 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work Present, 19 26. Total time (years) spent in this work Yes

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ✓

29. If stillborn, period of gestation Full Term { months or weeks 30. Cause of Stillbirth Luces { Before labor Yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:10 P. M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

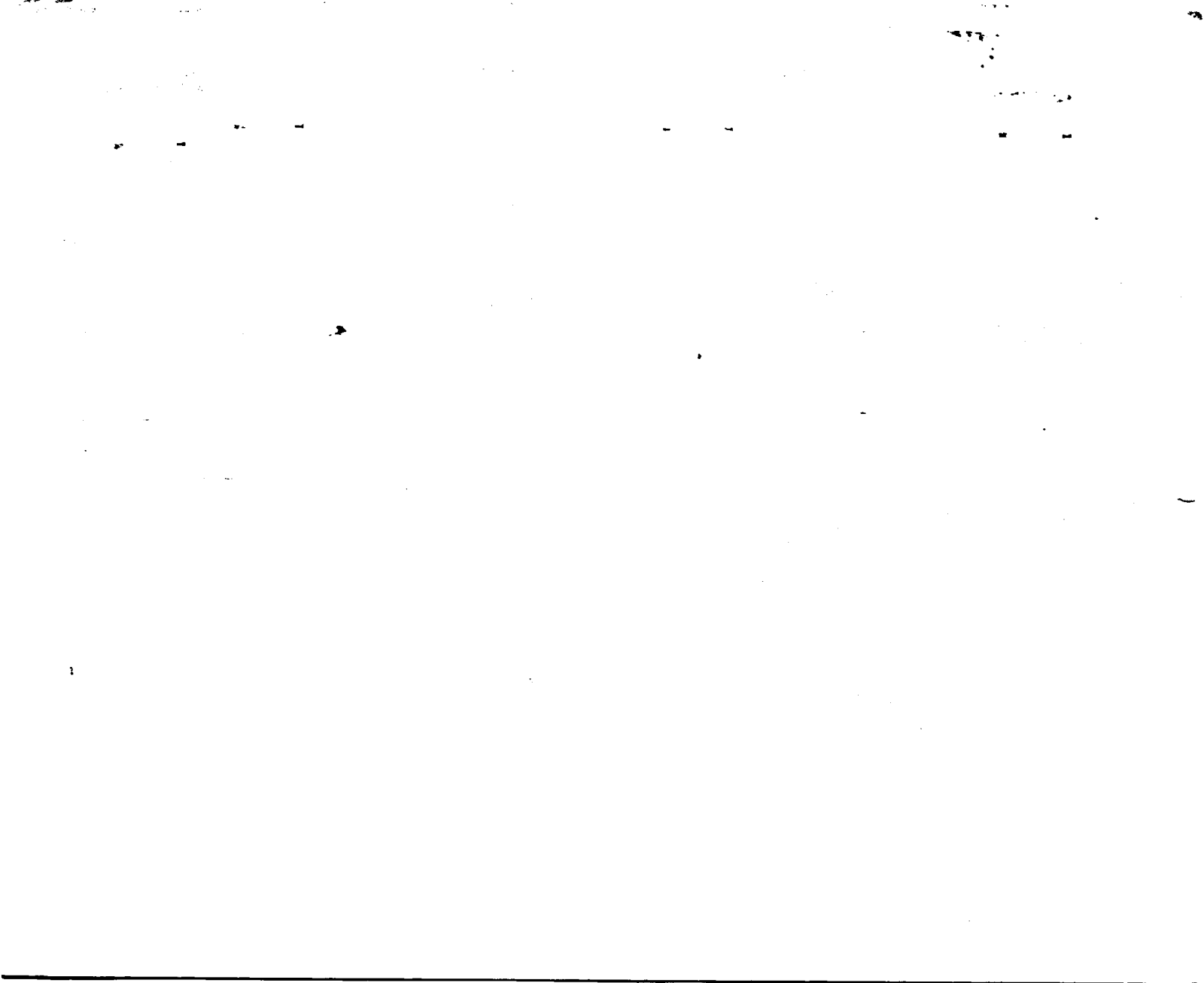
(Signed) A. E. Miller, M. D.

or \_\_\_\_\_, Midwife

Address Blackfoot, Idaho

Filed 7-27-, 1935 Spencer Furness

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 1935		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>24465</u>	
PLACE OF DEATH County of <u>Benewah</u> City of <u>Benewah R.I.</u>		Registration District No. <u>46</u> Primary Registration District No. <u>2195</u>		Local Registrar's No. <u>13</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stell Paul Bay Thompson</u>					
(a) Residence. No. <u>Benewah R.I.</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. _____ mos. _____ ds. _____ (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M</u>	4. COLOR OR RACE <u>Cauc</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	21. DATE OF DEATH (month, day, and year) <u>7</u> 193 <u>5</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>5</u> , to <u>2:10 P.M.</u> , 193 <u>5</u> I last saw him alive on _____, 193 <u>5</u> , death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Free</u>		
6. DATE OF BIRTH (month, day, and year) <u>7-26-35</u>			Date of onset <u>7</u>		
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Benewah R.I.</u>			Other contributory causes of importance:		
MOTHER	13. NAME <u>Floyd Thompson</u>		Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or country) <u>Benewah R.I.</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
	15. MAIDEN NAME <u>Edith Helen Thompson</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>5</u> Where did injury occur? _____ (Specify city or town, county, and State)		
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho, U.S.A.</u>		Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____		
17. INFORMANT (Address) <u>Floyd Thompson</u>			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>As well</u> , M. D. (Address) <u>Blackfoot Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Prosser</u> Date <u>7-26</u> , 193 <u>5</u>					
19. UNDERTAKER (Address) <u>Floyd Thompson</u>					
20. FILED <u>July 27</u> , 193 <u>5</u> <u>5</u> <u>Minuteman</u> Registrar.					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

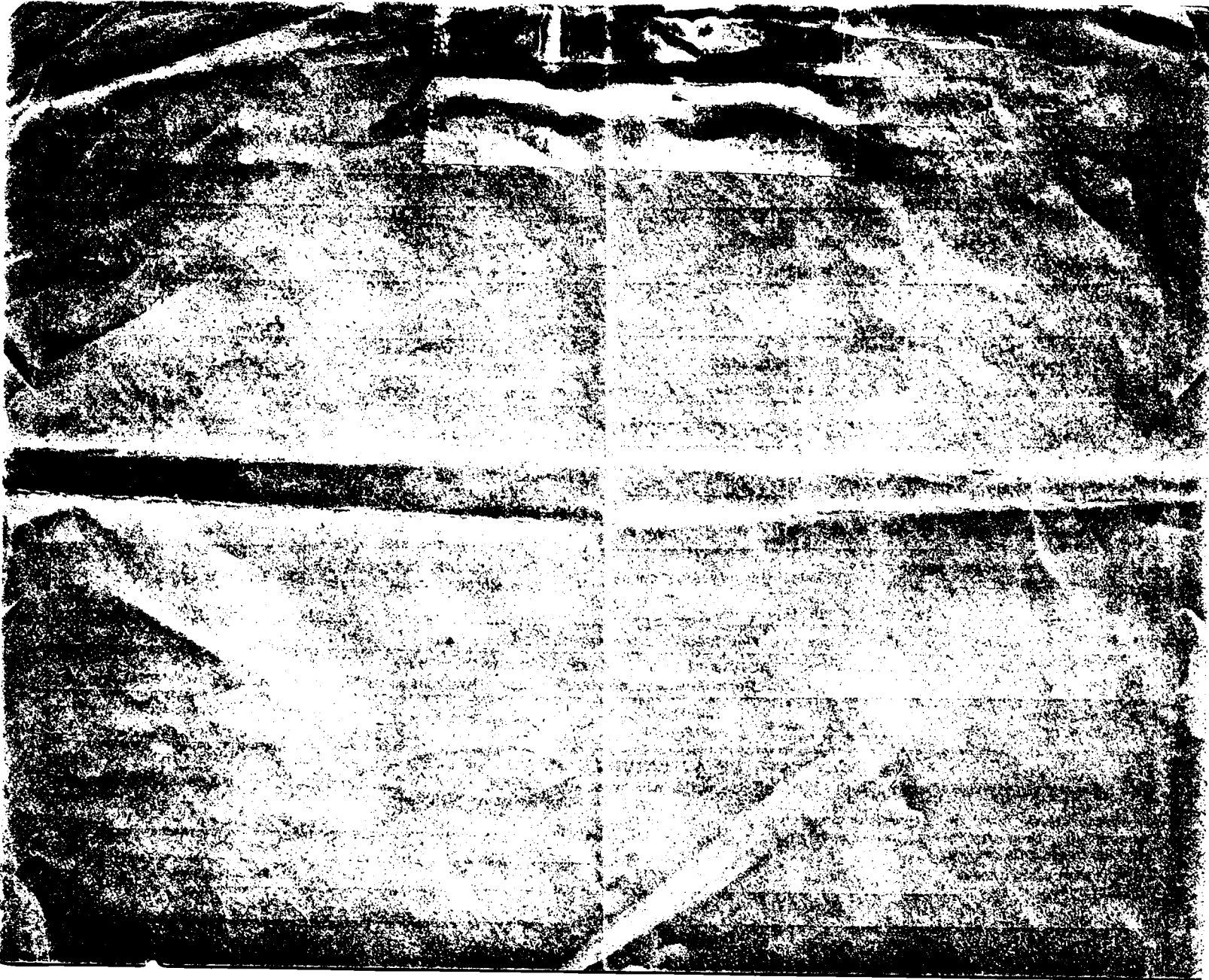
.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>LD 5 Hospital</u>		234108 <b>S</b>	
(If born in hospital or institution give name.)		Registration District No. <u>73</u>	State File No. <u>433</u>
2. FULL NAME OF CHILD <u>Stillbirth</u>		Palm, Registration District No. <u>214-0</u>	Local Registrar's No. _____
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature <u>7 months</u>	8. Date of birth <u>July 16 1935</u> (Month, Day, Year)
	5. Number, in order of birth _____	Full term <u>no</u>	Legitimate? <u>yes</u>
9. Full name <u>FLOYD HENRY B. BOULDER</u>	18. Full maiden name <u>CARMEN MAY STEVENS</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewisville</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewisville</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or Country) <u>Marysville, Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Ogden, Utah</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 1/2 mo</u> { months or weeks			
30. Cause of stillbirth <u>acute nephritis</u> During labor <u>no</u> Before labor <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report _____			
(Date of) _____			
Registrar. _____			
Filed <u>July 19</u> , 193 <u>5</u> <u>Idaho Falls</u> Registrar. _____			



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 5 1935 RECEIVED *Take to Dr. Wm. Kinnaird (Registrar)*

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of *Bonanza*

City of *Idaho Falls*

CERTIFICATE OF DEATH

State File No. *24498*

Registration District No. *73*

Primary Registration District No. *7.1.1.2*

Local Registrar's No. *163*

(No. *205 Hospital*)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Stillbirth*

(a) Residence. No. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*

4. Color or Race *white*

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH month, day, and year *July 16 1935*

7. AGE

Years

Months

Days

If LESS than

hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as *planner, sawyer, bookkeeper, etc.*

9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Idaho Falls, Ida*

13. NAME *Floyd H. B. Poulsen*

14. BIRTHPLACE (city or town) (State or country) *Maryville, Idaho*

15. MAIDEN NAME *Carmen M. Stevens*

16. BIRTHPLACE (city or town) (State or country) *Ogden*

17. INFORMANT (Address) *Father, Floyd H. B. Poulsen*

18. BURIAL, CREMATION OR REMOVAL Place *July 17/35* Date *July 17/35*

19. UNDERTAKER (Address) *Idaho Falls*

20. FILED *July 17, 1935* Registrar. *Wm. Kinnaird*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16 1935*

22. HEREBY CERTIFY, That I attended deceased from *July 16 1935* to *July 16 1935*

I last saw him/her on *July 16 1935*

Death is said to have occurred on the date stated above, at *July 16* m.

The principal cause of death and related causes of importance were as follows:

*Puerperal*

*Acute Pyrexia*

*of mother July 1st*

Other contributory causes of importance:

*Acute Pyrexia*

*of placenta*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) *Wm. Kinnaird*

(Address) *Idaho Falls*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

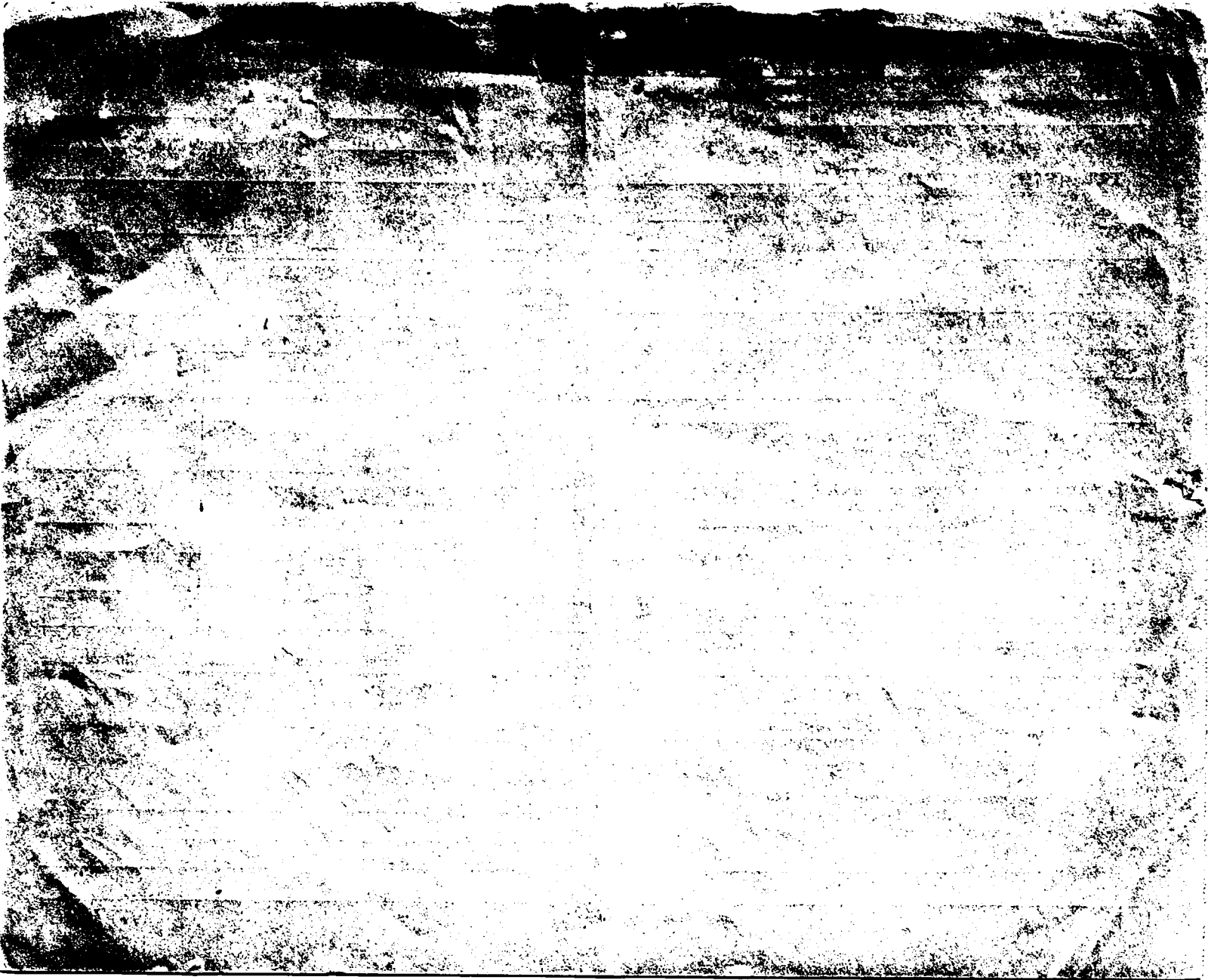
*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bonner</u> City of <u>Idaho Falls</u> No. <u>Memorial Drive</u> St. <u>S. S. Hospital</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Stillbirth</u>		
3. Sex <u>male</u>	4. Twin, triplet, or other births { 5. Number, in order of birth <u>II</u>	6. Premature <u>No</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 29, 1935</u> (Month, Day, Year)
9. Full name <u>James E. May</u> FATHER		18. Full maiden name <u>See Mary Butler</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Silver Valley, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Silver Valley, Idaho</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>26</u> (years)		20. Color or race <u>White</u>
13. Birthplace (city or place) (State or Country) <u>Williston, N. Dakota</u>		21. Age at last birthday <u>35</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) (State or Country) <u>Silver Valley, Idaho</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Renting farm</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
16. Date (month and year) last engaged in this work <u>June 29, 1935</u>		17. Total time (years) spent in this work <u>10 years</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
25. Date (month and year) last engaged in this work <u>June 29, 1935</u>		26. Total time (years) spent in this work <u>7</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) <u>Second</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>about full term</u> { months or weeks } 30. Cause of Stillbirth { During labor <u>Birth</u> Before labor <u>probably</u> }				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) <u>Stillborn</u> on the date above stated. When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report. _____ (Date of) _____ Registrar. _____				
Signed <u>John O. Mellow</u> , M. D. or <u>Idaho Falls, Idaho</u> Midwife Address _____ Filed <u>June 29, 1935</u> - <u>C. J. Mellow</u> Registrar.				



AUG 5 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

94514

County of *Bonneville*

City of *Idaho Falls*

CERTIFICATE OF DEATH

State File No. ....

Registration District No. *73*

Primary Registration District No. *214-6*

Local Registrar's No. *154*

(No. *L. O. S. Hospital*)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Stillbirth*

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *—*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, and year) *June 29 1935*

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. *Stillbirth*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *—*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*

10. Date deceased last worked at this occupation (mo. and yr.) *—* 11. Total time (years) sent in this occupation *—*

12. BIRTHPLACE (city or town) *Idaho Falls* (State or country) *Bonneville Co., Idaho*

13. NAME *James E. May*

14. BIRTHPLACE (city or town) *Williston* (State or country) *N. Dakota*

15. MAIDEN NAME *Ida May Butler*

16. BIRTHPLACE (city or town) *Silver Valley* (State or country) *Idaho*

17. INFORMANT *James E. May* (Address) *Idaho Falls, Idaho*

18. BURIAL, CREMATION OR REMOVAL Place *Idaho Falls* Date *June 29, 1935*

19. UNDERTAKER (Address) *—*

20. FILED *6/27*, 1935, V. *C. J. ...* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *June 29, 1935*

22. I HEREBY CERTIFY, That I attended deceased from ... 193... to ... 193...

I last saw h... alive on ... 193...; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

*Asphyxiation probably shock from difficult instrumental delivery and unfavorable condition mother.*

Other contributory causes of importance: *—*

Name of operation *Instrumental delivery* Date of operation *June 29, 1935*

What test confirmed diagnosis? ... Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury, 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? *—* If so, specify ...

(Signed) *John O. Mello* (Address) *Idaho Falls, Idaho*

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

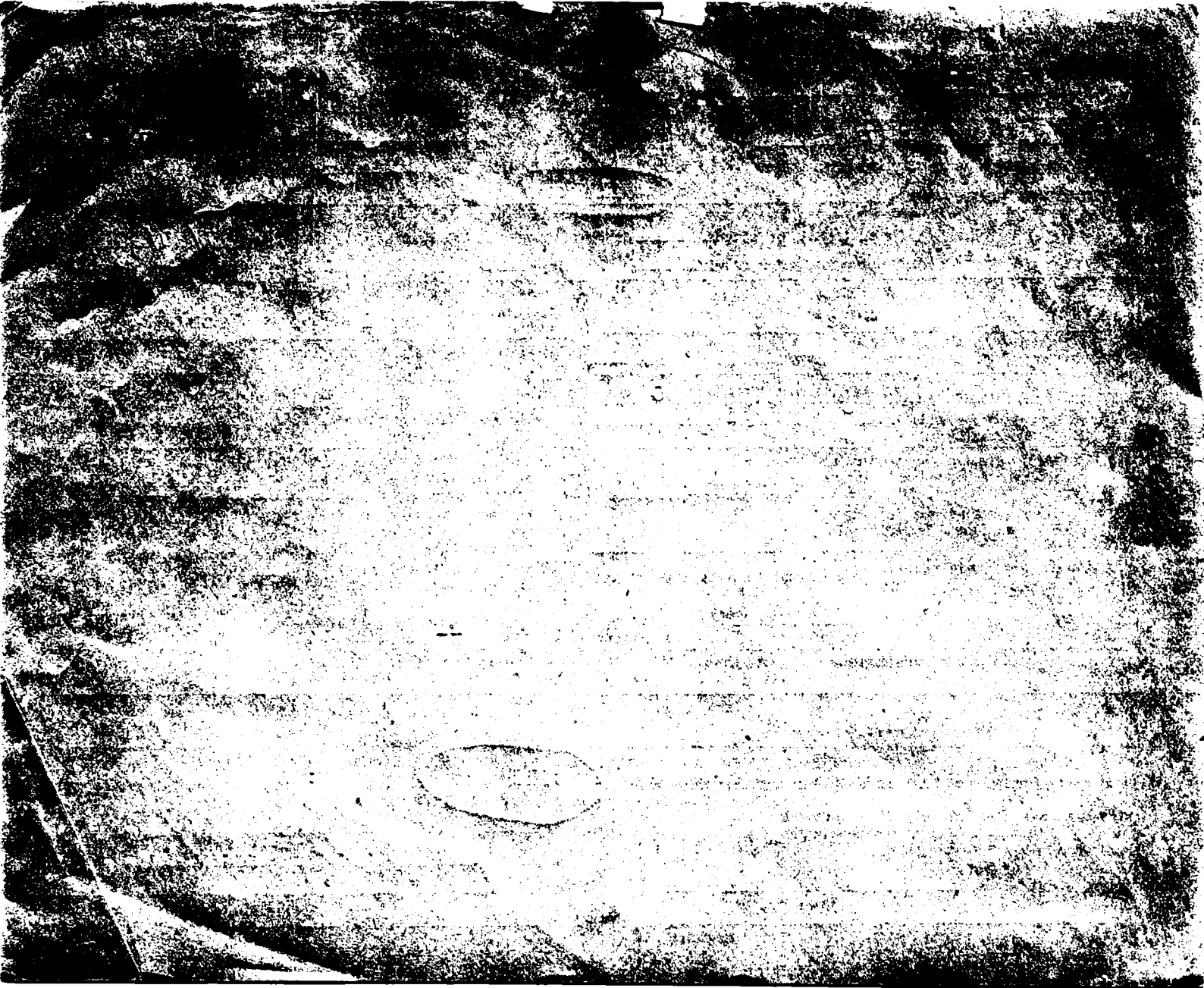
Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Canyon</u>		AUG 12 1935 RECEIVED	
City of <u>Caldwell</u>		CERTIFICATE OF BIRTH <b>S</b> 234155	
No. <u>Caldwell Sanitarium</u> St.		Registration District No. <u>1</u> State File No. <u>2</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1005</u> Local Registrar's No. <u>      </u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>Boy</u>	If plural births {	4. Twin, triplet, or other.....	5. Number, in order of birth.....
		6. Premature.....	7. Legiti- mate? <u>Yes</u>
		8. Date of birth <u>7/26/35</u> , 19 <u>35</u> (Month, Day, Year)	
9. Full name <u>Amos Arthur Schmidt</u>		18. Full maiden name <u>Concordia Helen George</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma, Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or Country) <u>California</u>		22. Birthplace (city or place) (State or Country) <u>IOWA</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>      </u>		
16. Date (month and year) last engaged in this work <u>      </u> , 19 <u>      </u>		25. Date (month and year) last engaged in this work <u>      </u> , 19 <u>      </u>	
17. Total time (years) spent in this work <u>      </u>		26. Total time (years) spent in this work <u>      </u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>      </u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>      </u> months or weeks		30. Cause of Stillbirth <u>Central closed fontanel</u> Before labor <u>      </u> During labor <u>Yes</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>26</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report <u>      </u> (Date of) <u>      </u>		(Signed) <u>C. C. Kelley</u> , M. D.	
		or <u>C. C. Kelley</u> , Midwife	
		Address <u>Caldwell, Idaho</u>	
Filed <u>7/27</u> , 19 <u>35</u>		Registrar. <u>      </u>	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of CanyonCity of Suma

SEP 10 1935

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 1007Primary Registration District No. 3

DO NOT WRITE IN THIS SPACE

State File No. 94954Local Registrar's No. 61

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Schmidt(a) Residence. No. Yuma St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 26 July 19117. AGE Years 24 Months 5 Days 0 If LESS than 1 day... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Calshwell, Pa. (State or country)13. NAME B. Schmidt14. BIRTHPLACE (city or town) Calshwell, Pa. (State or country)15. MAIDEN NAME Ch. Young16. BIRTHPLACE (city or town) Calshwell, Pa. (State or country)17. INFORMANT August Schmidt (Address) Box 4 Yuma, Ida.18. BURIAL, CREMATION OR REMOVAL Place Yuma July 26, 193519. UNDERTAKER Edo (Address) Edo20. FILED 9-6 5 Edel Jurnie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-26 193522. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, to July 26, 1935.I last saw him alive on July 26, 1935 death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:Shelborne

Date of onset

Other contributory causes of importance:

Closure of femoralName of operation physical finding Date of ..... What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1935.

Where did injury occur? no (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Kelley M. D.  
(Address) Calshwell, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

693-106018-689 AUG 5 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
S 234238

1. PLACE OF BIRTH  
County of Cassia  
City of Orpington  
No. Orpington St. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2157 Local Registrar's No. 65

2. FULL NAME OF CHILD Unnamed William Baby

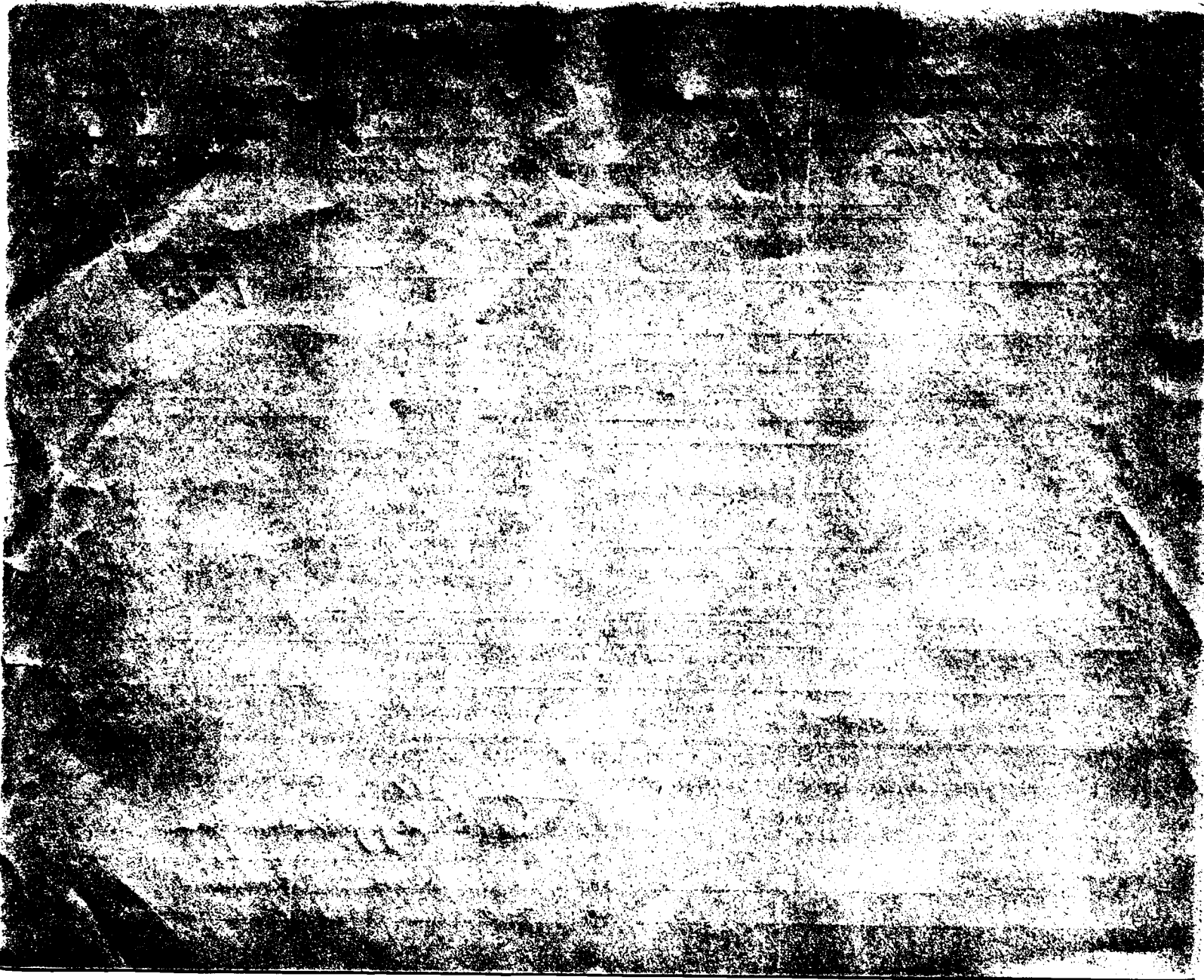
3. Sex <u>m</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 6, 1935</u> (Month, Day, Year)
9. Full name <u>Elmer Williams</u>	FATHER		18. Full maiden name <u>Ruby Smith</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>33</u> (years)		20. Color or race <u>White</u>
13. Birthplace (city or place) (State or Country) <u>Michigan</u>		21. Age at last birthday <u>16</u> (years)		
22. Birthplace (city or place) (State or Country) <u>California</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		
24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____, 19____		
26. Date (month and year) last engaged in this work _____, 19____		27. Total time (years) spent in this work _____		
28. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
29. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>				
30. If stillborn, period of gestation <u>6 months</u> { months or weeks } Cause of Stillbirth <u>embryonic</u> During labor <u>during</u> Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 6 P m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) A. B. Lippert, M. D.  
or \_\_\_\_\_, Midwife  
Address Orpington, Idaho  
Filed 7-10, 1935 W. A. Shaw  
Registrar. Registrar.



AUG 5 1935 RECEIVED

## PLACE OF DEATH

County of Clearwater  
City of Orofino

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 90Primary Registration District No. 2187(No. Orofino Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elmer Williams Baby Not Named  
Weippe Idaho

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Orofino Idaho  
(State or country)

13. NAME Elmer Williams Michigan

14. BIRTHPLACE (city or town) .....  
(State or country)

15. MAIDEN NAME Rubby White

16. BIRTHPLACE (city or town) Cal  
(State or country)

17. INFORMANT Elmer Williams  
(Address) Weippe

18. BURIAL, CREMATION OR REMOVAL  
Place Orofino Date July 8, 1935

19. UNDERTAKER W. A. S. Pharr  
(Address) Orofino

20. FILED 7-9-1935 W. A. S. Pharr  
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 94569

Local Registrar's No. 49

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-6-35 1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 193...., to ..... , 1935....

I last saw h... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Prematurity with prolapsed cord

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 1935....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) W. A. S. Pharr M. D.  
(Address) Orofino Idaho

MARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

736-1270 AUG 5 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 234241  
S 1935

1. PLACE OF BIRTH  
County of Clearwater  
City of Prosser Idaho  
No. Bureau 400 St.  
(If born in hospital or institution give name.)  
Registration District No. 90 State File No. \_\_\_\_\_  
Prim. Registration District No. 267 Local Registrar's No. 75

2. FULL NAME OF CHILD Richard Duane Ploof

3. Sex <u>Male</u>	If plural births <u>—</u>	4. Twin, triplet, or other <u>—</u>	5. Number, in order of birth <u>—</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7-27-1935</u> (Month, Day, Year)
9. Full name <u>Charles Ploof</u>	FATHER			18. Full maiden name <u>Norothy May Durant</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Prosser</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pieris</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>27</u> (years)			
13. Birthplace (city or place) (State or country) <u>So Danata</u>				22. Birthplace (city or place) (State or country) <u>Dentdale, Ala</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mini</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>		
16. Date (month and year) last engaged in this work <u>now</u>	17. Total time (years) spent in this work <u>2 mo</u>	25. Date (month and year) last engaged in this work <u>✓</u>	19	26. Total time (years) spent in this work <u>✓</u>		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, About 6 mo months or weeks } 30. Cause of stillbirth Proapsed cord }  
period of gestation 6 mo } Before labor Yes }  
During labor Yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Wellborn at 11 a m. on the date above stated.  
(Date of Birth or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) W. H. Robinson, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Prosser Idaho  
Filed 7-31, 1935 Shaw  
Registrar. Registrar.



639-105- JUL 10 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S 234283

1. PLACE OF BIRTH  
County of Franklin  
City of Preston  
No. \_\_\_\_\_ St. \_\_\_\_\_Registration District No. 27 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 219 Local Registrar's No. 1122. FULL NAME OF CHILD Hilborn Olverson3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature X 7. Legitimate? yes 8. Date of birth June 5, 1935  
(Month, Day, Year)9. Full name Olmer Olverson FATHER18. Full maiden name Julia Clausen MOTHER10. Residence (usual place of abode)  
(If non-resident, give place and State) Preston19. Residence (usual place of abode)  
(If non-resident, give place and State) Preston11. Color or race W 12. Age at last birthday 40 (years)20. Color or race W 21. Age at last birthday 37 (years)13. Birthplace (city or place)  
(State or Country) Franklin, Ida.22. Birthplace (city or place)  
(State or Country) Preston14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_29. If stillborn, period of gestation 7 { months or weeks 30. Cause of stillbirth Unknown Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Hilborn at 9 p.m. on the date above stated.  
(Born Alive or Stillborn)(Signed) O. R. Oulter M. D.

or \_\_\_\_\_ Midwife

Address Preston, IdahoFiled July 8, 1935 G. W. Stokes Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 19 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSCounty of FranklinCity of Preston, Idaho

## CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No. \_\_\_\_\_)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Oliverson

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race "hite" 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 5, 19357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Stillborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Preston  
(State or country) Idaho13. NAME Elmer Oliverson14. BIRTHPLACE (city or town) Franklin  
(State or country)15. MAIDEN NAME Julia Clawson16. BIRTHPLACE (city or town) Preston  
(State or country)17. INFORMANT Elmer Oliverson  
(Address) Preston, Ida.18. BURIAL, CREMATION OR REMOVAL  
Place 5 Date 5, 193519. UNDERTAKER None  
(Address)20. FILED Aug 8, 1935 G. W. States  
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 04574Local Registrar's No. 1

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5 193522. HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 5, 1935.  
last saw him alive on June 5, 1935; death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....(Signed) G. W. States M. P.  
(Address) Preston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

813-1011022-271  
1. PLACE OF BIRTH  
County of Frederick  
City of St. Anthony  
No. St. Anthony Hospital  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 234304

Registration District No. 99 State File No. \_\_\_\_\_  
Prim. Registration District No. 21 27 Local Registrar's No. 641

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 1st</u> 193 <u>5</u> (MONTH, DAY, YEAR)
9. Full name <u>Earl S. Hall</u>	FATHER	5. Number, in order of birth <u>8</u>	Full term		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		18. Full maiden name <u>Maud Spaulding</u>		MOTHER	
11. Color or race <u>White</u>	12. Age at last birthday <u>40</u> (years)	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Idaho</u>	20. Color or race <u>White</u>	21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) (State or country) <u>Wellsville</u> <u>Idaho</u>		22. Birthplace (city or place) (State or country) <u>Burton</u> <u>Idaho</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work		
19		19			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>					
28. If stillborn, period of gestation <u>38</u> { months or weeks } 29. Cause of stillbirth <u>Don't know</u> { Before labor <u>yes</u> During labor _____ }					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Delivered at 11:00 P. on the date above stated.  
(Name of child and date of birth)  
(Signed) Barley Nelson, M. D.  
or \_\_\_\_\_ Midwife  
Address Refugio Idaho  
Filed July - 1935 Sarah B. Munk  
Registrar.





N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 17 1935

## PLACE OF DEATH

County of Madison  
City of Burton

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 93461Registration District No. 100Primary Registration District No. 2178Local Registrar's No. 27

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Hall

(a) Residence. No. Burton Idaho St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>May 1st 1935</u>		
7. AGE Years <u>0</u> Months <u>0</u> Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>none</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (city or town) Anthony Idaho  
(State or country)13. NAME Carl S. Hall14. BIRTHPLACE (city or town) Wellsville Virginia  
(State or country)15. MAIDEN NAME Maud Spaulding16. BIRTHPLACE (city or town) Burton Idaho  
(State or country)17. INFORMANT Carl S. Hall  
(Address) Burton Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Burton Idaho Date May 1, 193519. UNDERTAKER Father - Carl S. Hall  
(Address) Burton Idaho20. FILED 5-6-, 1935 Mrs. N. E. Young  
RegistrarMEDICAL CERTIFICATE OF Stillborn21. DATE OF DEATH (month, day and year) 193522. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1935, to \_\_\_\_\_, 1935.

I last saw h.... alive on \_\_\_\_\_, 1935: death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Unknown  
Born May 1st 1935  
Presumably dead 2  
weeks

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury., 1935.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?.... If so specify

(Signed) Barley Nelson M. D.  
(Address) Burton Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUL 1

1935

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

S

County of Gooding

City of Wendell

CERTIFICATE OF BIRTH 234351

No. .... St. Registration District No. 22 State File No. ....

Hospital .... Primary Registration District No. 2418 Local Registrar's No. ....

FULL NAME OF CHILD Still Birth

(Certificate of no value without full name of child)

Sex of Child Male Twin Triplet or other? ✓ and { Number in order of birth 2 Legitimate? yes Date of birth Apr 18 1935  
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth		Number of child of this mother now living, including present birth	
FULL NAME	FATHER <u>Elbert R. Moadlin</u>	FULL MAIDEN NAME	MOTHER <u>Frances Juanita</u>
RESIDENCE	<u>Wendell Ida</u>	RESIDENCE	<u>Wendell Rutter</u>
COLOR	<u>White</u>	COLOR	<u>White</u>
AGE AT LAST BIRTHDAY	<u>28</u> (Years)	AGE AT LAST BIRTHDAY	<u>26</u> (Years)
BIRTHPLACE	<u>Kansas</u>	BIRTHPLACE	<u>Mississippi</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 A. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report. ...., 192 .....

Registrar.

Address Wendell Ida

Filed 4-20 1935 F. L. Dimanton

Registrar.

AD DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

845-1247025-791

1. PLACE OF BIRTH  
County of Shaks **51935 RECEIVED** STATE OF IDAHO  
City of Grangeville DEPARTMENT OF PUBLIC WELFARE  
No. \_\_\_\_\_ St. BUREAU OF VITAL STATISTICS  
Registration District No. 103 State File No. 234361  
(If born in hospital or institution give name.) Grangeville Hospital Prim. Registration District No. 1001 Local Registrar's No. 42

2. FULL NAME OF CHILD Ronald Herman Hunter

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplet, or other other Premature No 7. Legitimate \_\_\_\_\_ 8. Date of birth June 29, 1935  
5. Number, in order of birth \_\_\_\_\_ Full term Yes mate Yes

9. Full name FATHER Shaver Hunter 18. Full name MOTHER Rolla Graham  
10. Residence (usual place of abode) Grangeville, Idaho 19. Residence (usual place of abode) Grangeville, Idaho  
(If non-resident, give place and State) \_\_\_\_\_ (If non-resident, give place and State) \_\_\_\_\_  
11. Color or race W 12. Age at last birthday 36 (years) 20. Color or race W 21. Age at last birthday 38 (years)  
13. Birthplace (city or place) Danversville, Tenn 22. Birthplace (city or place) Grangeville, Idaho  
(State or country) \_\_\_\_\_ (State or country) \_\_\_\_\_

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_ 19 \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1. 2% Afters  
28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn Yes

29. If stillborn, Full term months or weeks \_\_\_\_\_ 30. Cause of stillbirth Toxin absorbed before labor Before labor \_\_\_\_\_ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Stillborn 4 P. M. on the date above stated.  
(Mark this certificate)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. D. Dyer, M. D.

or \_\_\_\_\_, Midwife

Address Grangeville, Idaho

Filed August 1, 1935 B. Chipman

Registrar.

Registrar.

**THE UNIVERSITY OF CHICAGO**

\_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1935 RECEIVED

PLACE OF DEATH  
 County of Idaho  
 City of Trangerville

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

Registration District No. 103  
 Primary Registration District No. 1001  
 (No. \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Herman Hunter  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>m</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>June 24, 1935</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
<u>Stillborn</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>splanner, sawyer, bookkeeper, etc.</u>			
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			
	10. Date deceased last worked at this occupation (mo. and yr.)			
MOTHER/FATHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (city or town) (State or country) <u>Trangerville</u>			
	13. NAME <u>Grover Hunter</u>			
MOTHER/FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
	15. MAIDEN NAME <u>Adda Graham</u>			
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
17. INFORMANT (Address) <u>Grover Hunter</u>				
18. BURIAL, CREMATION OR REMOVAL Place <u>Harper, Ida</u> Date <u>6/25, 1935</u>				
19. UNDERTAKER (Address) <u>Trangerville, Ida</u>				
20. FILED <u>July 1, 1935</u> <u>B. Chipman</u> Registrar				

DO NOT WRITE IN THIS SPACE

State File No. \_\_\_\_\_

94251

Local Registrar's No. 09

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193 522. I HEREBY CERTIFY, That I attended deceased from June 14, 1935, to June 14, 1935

I last saw h... alive on ..., 193... death is said to have occurred on the date stated above, at 1:30 PM.  
 The principal cause of death and related causes of importance were as follows:  
Stillborn

Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193 5

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

617-112.025-763

AUG 5 1935 RECEIVED

1. PLACE OF BIRTH Plano  
County of Plano  
City of Cattanooga  
St. Tenn.

Our Lady of Consolation  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S 234379

Registration District No. 105 State File No.       

Prim. Registration District No. 2183 Local Registrar's No. 43

2. FULL NAME OF CHILD Joseph T. Hagner

3. Sex Male If plural births { 4. Twin, triplet, or other 1st 5. Premature No 6. Legiti-  
mate? Yes 7. Date of birth July 17 1935  
(Month, Day, Year)

9. Full name Mr. Al Hagner FATHER 13. Full maiden name Gertrude Va. Bauer MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) 19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville

11. Color or race W. 12. Age at last birthday 34 (years) 20. Color or race W. 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Cattanooga, Tenn. 22. Birthplace (city or place) (State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Theater 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 9 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn 0

29. If stillborn, period of gestation 7 months or weeks 30. Cause of stillbirth Asphyxia

Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Full term 8:30 P m. on the date above stated.

(Signed) Therley F. Orr M. D. or        Midwife

Give name added from a supplemental report Cattanooga, Idaho

(Date of) July 21 1935 Therley F. Orr Registrar.

per J. B. Registrar.

OFFICE OF THE  
ATTORNEY GENERAL  
WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM

TO THE ATTORNEY GENERAL

RE: [Illegible text]

[The remainder of the document contains several paragraphs of text that are heavily obscured by noise and artifacts, making them largely illegible. The text appears to be a formal memorandum or report.]

FORM V. S. No. 5-28 M. 1-19.

1935

RECEIVED

## CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

## 1. PLACE OF DEATH

County of Idaho  
City of CottonwoodRegistration District No. 105Primary Registration District No. 2183(No. C. J. G. Hospital St.)File No. 94604Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

## 2. FULL NAME

Joseph Maquer

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

w.

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single  
(Write the word.)

## 6. DATE OF BIRTH

July 12  
(Month)

(Day)

1935  
(Year)

## 7. AGE

Yrs. Mos. ds.

IF LESS than 1 day  
how many hrs.  
or min.?

## 8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

## 9. BIRTHPLACE

(State or Country)

Cottonwood Idaho

## 10. NAME OF FATHER

A. L. Maquer

## 11. BIRTHPLACE OF FATHER

(State or Country)

Idaho

## 12. MAIDEN NAME OF MOTHER

Gertrude Gaeckner

## 13. BIRTHPLACE OF MOTHER

(State or Country)

Idaho

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. L. Maquer

(Address)

Grangeville, Idaho

## 15.

Filed July 12 1935A. F. Orr and B.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

July  
(Month)12  
(Day)1935  
(Year)

## 17. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

that I last saw him alive on.....  
and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH\* was as follows:

Asphyxia during pedalic  
rider.

(Duration) Yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Harley F. Orr M. D.7/12/35(Address) Cottonwood, Idaho

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

## 19. PLACE OF BURIAL OR REMOVAL

## DATE OF BURIAL

Grangeville IdahoJuly 13 1935

## 20. UNDERTAKER

## ADDRESS

Glenn AilerGrangeville

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name or origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

S

643-212027-V16  
 1. PLACE OF BIRTH  
 County of Jerome **AUG 2 1935**  
 City of Jerome  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

234416

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
 (If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Baby Fuller

3. Sex Female If plural births { 4. Twin, triplet, or other other 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth July 12, 1935  
 (Month, Day, Year)

9. Full name Ara Fuller FATHER 18. Full maiden name Sophia E. Mupler MOTHER  
 10. Residence (usual place of abode) Jerome 19. Residence (usual place of abode) Jerome  
 (If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho  
 11. Color or race white 12. Age at last birthday 56 (years) 20. Color or race white 21. Age at last birthday 41 (years)

13. Birthplace (city or place) North Dakota 22. Birthplace (city or place) Missouri  
 (State or Country) (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>Farmer</u>		<u>June, 1935</u>	<u>36</u>		<u>Housewife</u>	<u>Own Home</u>	<u>June, 1935</u>	<u>21</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 mo. { months or weeks 30. Cause of stillbirth Before labor { Before labor yes During labor no  
Condition of Mother

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Full Born at 4:0 P.m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Signed) E. F. Zeller, M. D.

or \_\_\_\_\_, Midwife

Address Jerome, Idaho

Filed 7/19/35, 1935 E. F. Zeller, M.D.

Registrar.

7/12/35 E. F. Zeller, M.D. (Date of)  
E. F. Zeller Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

**STATE OF ILLINOIS  
DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
INVESTIGATION OF DEATH**

1. Name of deceased (Give name) \_\_\_\_\_  
 2. Date of death \_\_\_\_\_  
 3. Place of death \_\_\_\_\_  
 4. Cause of death \_\_\_\_\_  
 5. Name of physician \_\_\_\_\_  
 6. Name of hospital or institution \_\_\_\_\_  
 7. Name of funeral home \_\_\_\_\_  
 8. Name of undertaker \_\_\_\_\_  
 9. Name of cemetery \_\_\_\_\_  
 10. Name of place of burial \_\_\_\_\_

DECEASED		FAMILY	
11. Name of deceased (Give name)	12. Name of father	13. Name of mother	14. Name of spouse
15. Name of next of kin	16. Name of brother	17. Name of sister	18. Name of child
19. Name of uncle	20. Name of aunt	21. Name of cousin	22. Name of nephew
23. Name of niece	24. Name of grandchild	25. Name of grandnephew	26. Name of grandniece
27. Name of great-grandchild	28. Name of great-grandnephew	29. Name of great-grandniece	30. Name of great-grandson
31. Name of great-granddaughter	32. Name of great-grandson	33. Name of great-granddaughter	34. Name of great-grandson
35. Name of great-granddaughter	36. Name of great-grandson	37. Name of great-granddaughter	38. Name of great-grandson
39. Name of great-granddaughter	40. Name of great-grandson	41. Name of great-granddaughter	42. Name of great-grandson
43. Name of great-granddaughter	44. Name of great-grandson	45. Name of great-granddaughter	46. Name of great-grandson
47. Name of great-granddaughter	48. Name of great-grandson	49. Name of great-granddaughter	50. Name of great-grandson
51. Name of great-granddaughter	52. Name of great-grandson	53. Name of great-granddaughter	54. Name of great-grandson
55. Name of great-granddaughter	56. Name of great-grandson	57. Name of great-granddaughter	58. Name of great-grandson
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67. Name of great-granddaughter	68. Name of great-grandson	69. Name of great-granddaughter	70. Name of great-grandson
71. Name of great-granddaughter	72. Name of great-grandson	73. Name of great-granddaughter	74. Name of great-grandson
75. Name of great-granddaughter	76. Name of great-grandson	77. Name of great-granddaughter	78. Name of great-grandson
79. Name of great-granddaughter	80. Name of great-grandson	81. Name of great-granddaughter	82. Name of great-grandson
83. Name of great-granddaughter	84. Name of great-grandson	85. Name of great-granddaughter	86. Name of great-grandson
87. Name of great-granddaughter	88. Name of great-grandson	89. Name of great-granddaughter	90. Name of great-grandson
91. Name of great-granddaughter	92. Name of great-grandson	93. Name of great-granddaughter	94. Name of great-grandson
95. Name of great-granddaughter	96. Name of great-grandson	97. Name of great-granddaughter	98. Name of great-grandson
99. Name of great-granddaughter	100. Name of great-grandson	101. Name of great-granddaughter	102. Name of great-grandson

11. Name of deceased (Give name) \_\_\_\_\_  
 12. Date of death \_\_\_\_\_  
 13. Place of death \_\_\_\_\_  
 14. Cause of death \_\_\_\_\_  
 15. Name of physician \_\_\_\_\_  
 16. Name of hospital or institution \_\_\_\_\_  
 17. Name of funeral home \_\_\_\_\_  
 18. Name of undertaker \_\_\_\_\_  
 19. Name of cemetery \_\_\_\_\_  
 20. Name of place of burial \_\_\_\_\_  
 21. Name of next of kin \_\_\_\_\_  
 22. Name of brother \_\_\_\_\_  
 23. Name of sister \_\_\_\_\_  
 24. Name of child \_\_\_\_\_  
 25. Name of uncle \_\_\_\_\_  
 26. Name of aunt \_\_\_\_\_  
 27. Name of cousin \_\_\_\_\_  
 28. Name of nephew \_\_\_\_\_  
 29. Name of niece \_\_\_\_\_  
 30. Name of grandchild \_\_\_\_\_  
 31. Name of grandnephew \_\_\_\_\_  
 32. Name of grandniece \_\_\_\_\_  
 33. Name of great-grandchild \_\_\_\_\_  
 34. Name of great-grandnephew \_\_\_\_\_  
 35. Name of great-grandniece \_\_\_\_\_  
 36. Name of great-grandson \_\_\_\_\_  
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 97. Name of great-granddaughter \_\_\_\_\_  
 98. Name of great-grandson \_\_\_\_\_  
 99. Name of great-granddaughter \_\_\_\_\_  
 100. Name of great-grandson \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 8 1935

## PLACE OF DEATH

County of JeromeCity of Jerome

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. ....

Primary Registration District No. 18

DO NOT WRITE IN THIS SPACE

04614

State File No. ....

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Baby Fuller(a) Residence. No. 15 1/2 mi N.W. Jerome St. ....  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced  
HUSBAND of —  
(or) WIFE of —6. DATE OF BIRTH (month, day, and year) July 12, 19357. AGE Years Months Days 7 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Idaho  
(State or country)13. NAME Ira Fuller14. BIRTHPLACE (city or town) N. Dakota  
(State or country)15. MAIDEN NAME Lillian Massler16. BIRTHPLACE (city or town) Mo  
(State or country)17. INFORMANT Ira Fuller  
(Address) Jerome Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Jerome Cem. Date July 13, 193519. UNDERTAKER J. P. Wiley  
(Address) Jerome Idaho20. FILED 7/13/35 C. E. Feller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/12 193522. I HEREBY CERTIFY, That I attended deceased from 7/12 1935, to 7/12 1935.

I last saw him alive on ..... 1935; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Still born  
Premature InfantDue to toxic condition  
of mother

Other contributory causes of importance:

.....

.....

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 1935.Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....  
(Signed) C. E. Feller M. D.  
(Address) Jerome Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. DATE OF BIRTH Aug 12 1935  
County of Madison  
City of Rexburg  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

234530  
S

Registration District No. 100 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registration No. 152

2. FULL NAME OF CHILD Infant Jacobsen

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth 1 6. Premature ✓ 7. Legitimate? yes 8. Date of birth 7-30-1935  
(Month, Day, Year)

9. Full name FATHER Floyd Lorenz Jacobsen  
10. Residence (usual place of abode) Rexburg  
(If non-resident, give place and State) \_\_\_\_\_  
11. Color or race white 12. Age at last birthday 29 (years)  
13. Birthplace (city or place) St Anthony  
(State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. auto  
16. Date (month and year) last engaged in this work 7-20-1935  
17. Total time (years) spent in this work 8 yrs

18. Full maiden name MOTHER Lucile McCulloch  
19. Residence (usual place of abode) Rexburg  
(If non-resident, give place and State) \_\_\_\_\_  
20. Color or race white 21. Age at last birthday 25 (years)  
22. Birthplace (city or place) Rexburg  
(State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 7-30-1935  
26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2  
29. If stillborn, period of gestation 9 mos { months or weeks 30. Cause of Stillbirth { During labor traumatism  
Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Child - born at 4 1/2 m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) W. A. Sutherland, M. D.  
or \_\_\_\_\_ Midwife  
Address Rexburg Idaho  
8-8-, 1935, Miss H. E. Young  
Registrar.

(Date of)

000000

RECEIVED  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF NEW YORK

County of  
City of

Voluntarily

NO DE

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth at

City of Lapwai No. Idaho St. Idaho

(If born in hospital or institution give name.)

Registration District No. 128 State File No. 234601

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. S

2. FULL NAME OF CHILD Joseph Silas Ellenwood

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>X</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>5-30-1935</u> (Month, Day, Year)
9. Full name <u>Joseph Ellenwood</u>	FATHER	18. Full maiden name <u>Helen Hill</u>				
10. Residence (usual place of abode) <u>Lapwai</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Lapwai</u> (If non-resident, give place and State)		
11. Color or race <u>Caucasian</u>				20. Color or race <u>Caucasian</u>		
12. Age at last birthday <u>42</u> (years)				21. Age at last birthday <u>40</u> (years)		
13. Birthplace (city or place) <u>Stites Idaho</u> (State or country)				22. Birthplace (city or place) <u>Idaho</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work				26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum <u>Silver Nitrate 1% Drop</u>						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>						
29. If stillborn, period of gestation <u>9 mo.</u> months or weeks						
30. Cause of stillbirth <u>Protruding cord</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) George Gaignard, M. D.

or \_\_\_\_\_, Midwife

Address Goldenshoe Idaho

Filed May 1935 George Gaignard

(Date of)

Registrar

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Nez Perce  
City of Rapier

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE

State File No. 94686

Local Registrar's No. ....

2. FULL NAME Joseph Ellenwood  
(If death occurred in a hospital or institution, give its name instead of street and number)

(a) Residence. No. .... St. ....  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Indian</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>May 30th 1935</u>		
7. AGE Years Months Days	If LESS than 1 day... hrs. or .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Rapier Idaho</u>	
	13. NAME <u>Joseph Ellenwood</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Rapier Idaho</u>	
	15. MAIDEN NAME <u>Ellen Gill</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
17. INFORMANT <u>Joseph Ellenwood</u> (Address) <u>Rapier Idaho</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Rapier Idaho</u> Date <u>5/30, 1935</u>		
19. UNDERTAKER <u>Brooks &amp; Wynn Co.</u> (Address) <u>Lewiston Idaho</u>		
20. FILED <u>May</u> , 1935 <u>George Guzman</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to ..... 193....

I last saw h.... alive on ..... 193....; death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193....

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify

(Signed) George Guzman M. D.(Address) Lewiston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

231-23040-291  
AUG 12 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 234626  
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Shoshone  
City of REHOBOTH  
No. \_\_\_\_\_ St. \_\_\_\_\_  
(If born in hospital or institution give name.)

Registration District No. 123 State File No. S  
Prim. Registration District No. 2201 Local Registrar's No. 71

2. FULL NAME OF CHILD \_\_\_\_\_

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>X</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>6-30</u> 193 <u>5</u> (Month, Day, Year)
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9. Full name FATHER  
GEORGE A. BLACK  
10. Residence (usual place of abode) REHOBOTH IDAHO  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 30 (years)  
13. Birthplace (city or place) WASHINGTON  
(State or country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BUS DRIVER  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER  
LOIS DOROTHY FRANKLIN  
19. Residence (usual place of abode) REHOBOTH IDAHO  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 22 (years)  
22. Birthplace (city or place) IDAHO  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ARGYROL-10%  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 3  
29. If stillborn, 6mo months or weeks period of gestation 7wks 30. Cause of stillbirth DON'T KNOW  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 9:30 P. M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) J. R. Mason, M. D.  
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Aug 10, 1935 Mrs. Helen M. Blair  
Registrar.

Registrar.



STATE OF TEXAS

County of \_\_\_\_\_

City of \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

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City of \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 12 1935 RECEIVED

PLACE OF DEATH

County of Phosline  
City of Kellogg

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

24703

State File No. ....

Local Registrar's No. 38

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Black

(a) Residence. No. Kellogg Ida St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 30 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

13. NAME Geo Black

14. BIRTHPLACE (city or town) (State or country) Abertown Scotland

15. MAIDEN NAME Luis Franklin

16. BIRTHPLACE (city or town) (State or country) Kellogg Idaho

17. INFORMANT (Address) Geo. Black

18. BURIAL, CREMATION OR REMOVAL

Place Kellogg Ida Date 8-1-35

19. UNDERTAKER (Address) Kellogg Idaho

20. FILED Aug 10, 1935 Registrar Kellogg Ida

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31 1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 193...., to ..... 193....

I last saw h.... alive on ..... 193.... death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Still Born.  
6 Months and one week.  
Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide? .... Date of injury .., 193....

Where did injury occur? ....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) J. H. Mason, M. D.  
(Address) Kellogg Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

**AUG 12 1935 RECEIVED**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS **234671**

**CERTIFICATE OF BIRTH**

1. PLACE OF BIRTH  
County of Turn Falls  
City of Turn Falls  
No. Turn Falls County Hosp.  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Junior Belt (Stillborn)

3. Sex Male If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Legitimate? yes 8. Date of birth July 5, 1935 (Month, Day, Year)

9. Full name Clyde Elmer Belt FATHER 18. Full maiden name Irene Greenfield MOTHER

10. Residence (usual place of abode) Filer (If non-resident, give place and State) 19. Residence (usual place of abode) Filer (If non-resident, give place and State)

11. Color or race W.H. 12. Age at last birthday 23 (years) 20. Color or race W.H. 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Missouri (State or country) 22. Birthplace (city or place) Ida (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work also July, 1935 17. Total time (years) spent in this work always 25. Date (month and year) last engaged in this work July, 1935 26. Total time (years) spent in this work 4yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth Syphilis and Wass { Before labor X During labor }

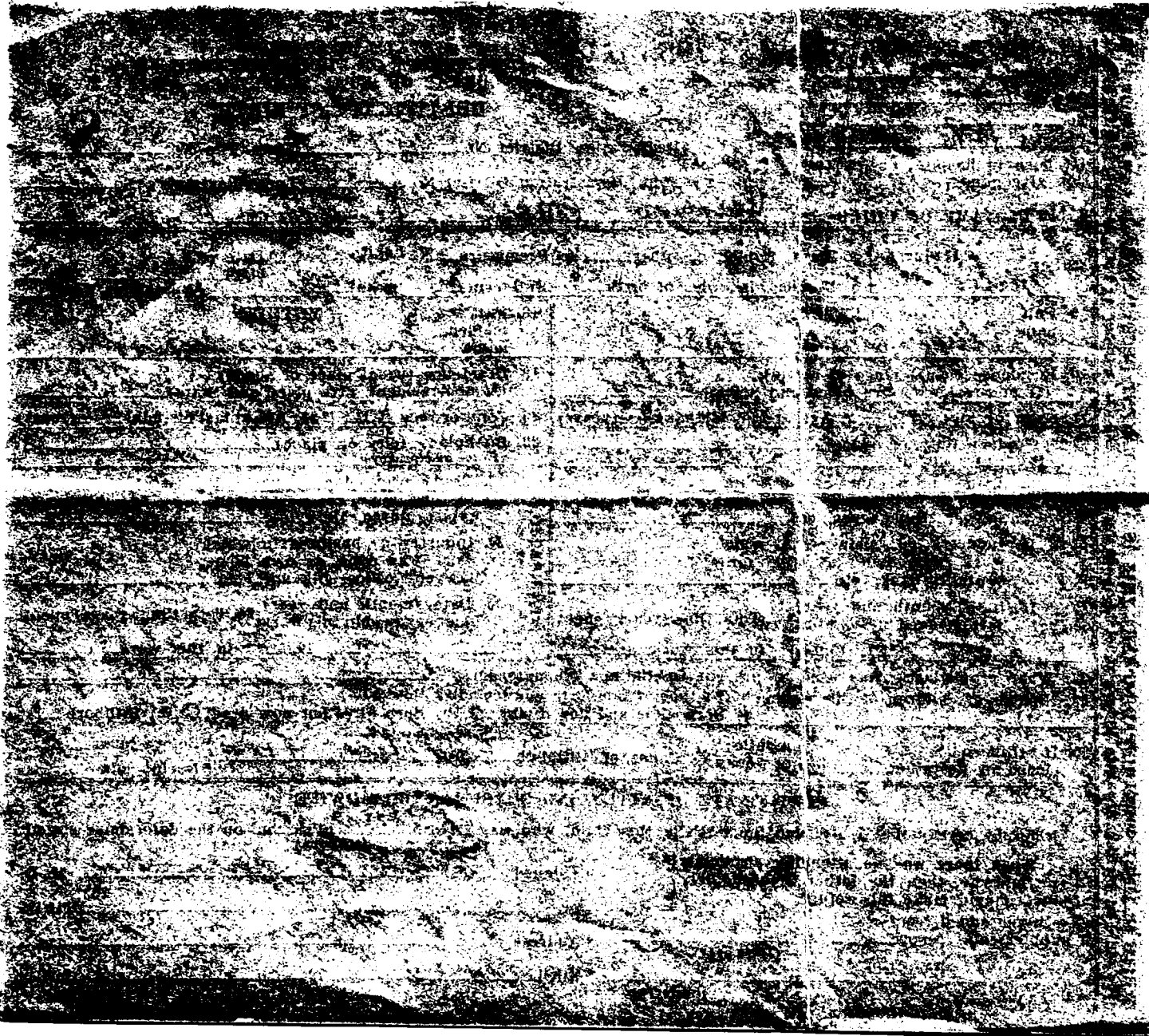
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn 2P m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report..... (Date of).....

(Signed) Walter B. Frensching, M. D.  
or.....  
Address 228 Main Ave. So. Filer  
Filed Aug 2, 1935 J. O. Campbell  
Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 12 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

PLACE OF DEATH Sum Falls  
County of Sum Falls  
City of Sum Falls

Registration District No. 37  
Primary Registration District No. 2085 Local Registrar's No. 130

(No. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Junior, Belt  
(a) Residence. No. 515 St. Sum Falls  
(Usual place of abode)  
(If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	21. DATE OF DEATH (month, day and year) <u>July 5 1935</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from <u>July 5, 1935, to July 5, 1935.</u> I last saw him alive on <u>July 5, 1935</u> ; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:		
6. DATE OF BIRTH (month, day, and year) <u>Still</u>			<div style="border: 1px solid black; padding: 5px;"> <p>Date of onset</p> <p><u>Stillborn</u></p> </div>		
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ..... min. <u>— — — — —</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		<p>Other contributory causes of importance:</p> <p>.....</p> <p>.....</p> <p>.....</p>		
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....				
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		Name of operation ..... Date of .....		
	13. NAME <u>Clyde Belt</u>		What test confirmed diagnosis? ... Was there an autopsy? ..		
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury .., 193.		
	15. MAIDEN NAME <u>Irene Greenbelt</u>		Where did injury occur? ..... (Specify city or town, county, and state)		
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		Specify whether injury occurred in industry, in home, or in public place. ....			
17. INFORMANT (Address) <u>Sum Falls Idaho</u>		Manner of injury .....			
18. BURIAL, CREMATION OR REMOVAL Place <u>Sum Falls</u> Date <u>July 1 1935</u>		Nature of injury .....			
19. UNDERTAKER (Address) <u>Sum Falls</u>		24. Was disease or injury in any way related to occupation of deceased? ... I so specify			
20. FILED <u>9-8-35</u> 1935		(Signed) <u>Walter B. Funderburg</u> M. D. (Address) .....			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH County of <u>Twin</u> City of <u>Buhl</u> No. <u>414-722-042-319</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Baby Madsen</u>	
3. Sex <u>male</u>	4. Twin, triplet, or other <u>1st</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>
7. Legiti- <u>mate</u>	8. Date of birth <u>June 22 1935</u> (Month, Day, Year)	9. Full name <u>Leonard Nels Madsen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>		11. Color or race <u>W.</u>	
12. Age at last birthday <u>43</u> (years)		13. Birthplace (city or place) (State or country) <u>Bingham Utah</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work	
18. Full maiden name <u>Lena E. Carnes</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>	
20. Color or race <u>W.</u>		21. Age at last birthday <u>32</u> (years)	
22. Birthplace (city or place) (State or country) <u>Wichita Okla.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>		29. If stillborn, period of gestation <u>30</u> months or weeks	
30. Cause of stillbirth		Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

(Signed) E. L. Berry, M. D.  
or \_\_\_\_\_ Midwife  
Address Buhl Ida  
Filed July 12, 1935 OT Parkinson M.D. Registrar.





MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 6 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Latah

City of Boise

R.F.D. A

CERTIFICATE OF DEATH

State File No. 94368

Registration District No.       

Primary Registration District No.       

Local Registrar's No.       

(No.       )  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Maden

(a) Residence, No.       

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of       

6. DATE OF BIRTH (month, day, and year) Apr 2 - 1935

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.         
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (mo. and yr.)         
11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

13. NAME Leonard J. Maden

14. BIRTHPLACE (city or town) Bozeman, Utah  
(State or country) Idaho

15. MAIDEN NAME Jena E. Barnes

16. BIRTHPLACE (city or town) Idaho  
(State or country) Idaho

17. INFORMANT Leonard J. Maden  
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL  
Place Boise Date Apr 4, 1935

19. UNDERTAKER James L. Johnson  
(Address) Boise

20. FILED       , 1935  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Boise, Idaho, 1935, to       , 1935.

I last saw h... alive on       , 1935: death is said to have occurred on the date stated above, at        m.  
The principal cause of death and related causes of importance were as follows:

Placenta previa  
and hemorrhage  
for months  
Bleeding  
from laceration of perineum  
Other contributory causes of importance:       

Date of onset       

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 1935.  
Where did injury occur?         
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.       

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation or deceased?        (If so, specify       )

(Signed) E. J. Barnes, M. D.  
(Address) Boise, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

9934 19042-253  
1. PLACE OF BIRTH  
County of Swain AUG 7 1935  
City of Buhl  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 34 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2087 Local Registrar's No. \_\_\_\_\_  
2. FULL NAME OF CHILD James Daniel Richter  
3. Sex M If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature. ☒ 7. Legitimate? yes 8. Date of birth 7-19, 1935  
(Month, Day, Year)  
5. Number, in order of birth. \_\_\_\_\_ Full term. \_\_\_\_\_  
9. Full name FATHER Clare B. Richter 18. Full maiden name MOTHER Eva Kneale  
10. Residence (usual place of abode) (If non-resident, give place and State) Buhl Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Buhl  
11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 24 (years)  
13. Birthplace (city or place) (State or Country) no box 22. Birthplace (city or place) (State or Country) no box  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
18. Date (month and year) last engaged in this work \_\_\_\_\_ 19. Total time (years) spent in this work \_\_\_\_\_  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? none  
28. Number of children of this mother (At time of this birth and including this child) Two  
(a) Born alive and now living 1 (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn 1  
29. If stillborn, period of gestation 28 weeks { months \_\_\_\_\_ or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor Placenta previa During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 a m. on the date above stated.

(Born alive or Stillborn)

(Signed) E. L. Perry, M. D.

or \_\_\_\_\_, Midwife

Address Buhl Ida

Filed aug 5, 1935 E. J. Parkinson

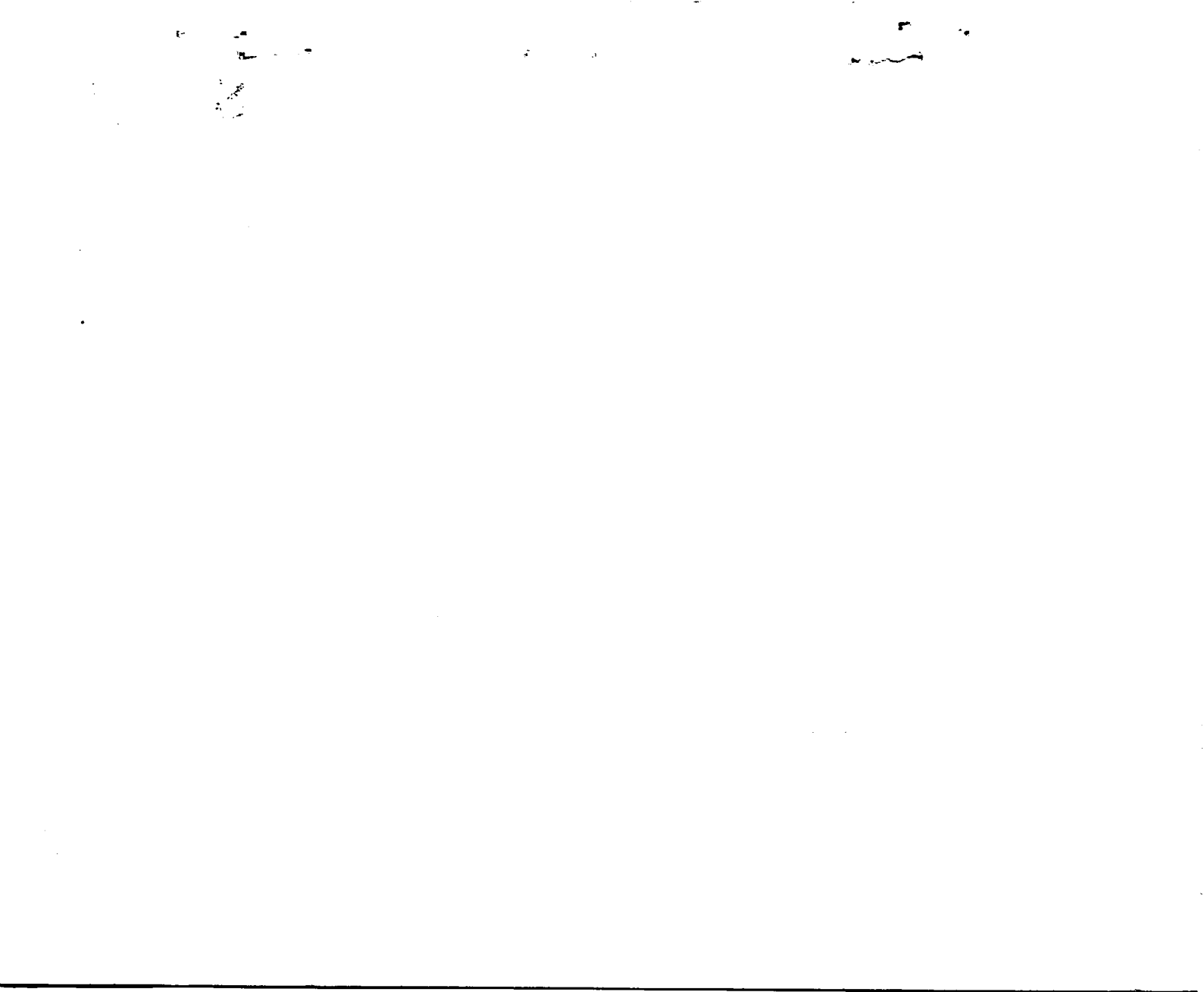
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_



OCT 11 1935 RECEIVED

CERTIFICATE OF DEATH

95488

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

## 1. PLACE OF DEATH

County of Twin Falls  
City of Pringle IdahoRegistration District No. 37Primary Registration District No. 2085(No. Twin Falls General Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

## 2. FULL NAME

James Daniel RichterFile No. 2085Registered No. 2085

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

m

## 4. COLOR OR RACE

w

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single  
(Write the word.)

## 6. DATE OF BIRTH

July (Month) 19 (Day) 1935 (Year)

## 7. AGE

0 Yrs. 0 Mos. 0 ds.IF LESS than 1 day  
how many hrs.  
or 0 min.?

## 8. OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business or establishment in which employed (or employer)

## 9. BIRTHPLACE

(State or Country)

Twin Falls Co. Ben. Exp.  
Twin Falls Ida.

## 10. NAME OF FATHER

Clare B Richter

## 11. BIRTHPLACE OF FATHER

(State or Country)

No. Dak

## 12. MAIDEN NAME OF MOTHER

Eva Kucala

## 13. BIRTHPLACE OF MOTHER

(State or Country)

No. Dak

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

Oct 2 35J. H. Hunsicker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

July (Month) 19 (Day) 1935 (Year)

## 17. I HEREBY CERTIFY, That I attended deceased from

July 19 1935 to July 19 1935  
that I last saw him alive on July 19 1935and that death occurred on the date stated above, at Pringle M.

The CAUSE OF DEATH\* was as follows:

Still birth. Placenta previa.

(Duration) Yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

E. J. Barry M. D.  
7-19-35 (Address) Pringle Ida

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

## 19. PLACE OF BURIAL OR REMOVAL

Pringle Ida

## DATE OF BURIAL

19

## 20. UNDERTAKER

## ADDRESS

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN - RESERVED FOR BINDING

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 766-223-042-612 PLACE OF BIRTH TURN FALL  
County of Turn Fall  
City Turn Fall  
No. As. Gen. Hosp St.  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex J. If plural births { 4. Twin, triplet, or other. ☒ 5. Number, in order of birth 1 6. Premature. yes 7. Legitimate? yes 8. Date of birth 7-23, 1935 (Month, Day, Year)

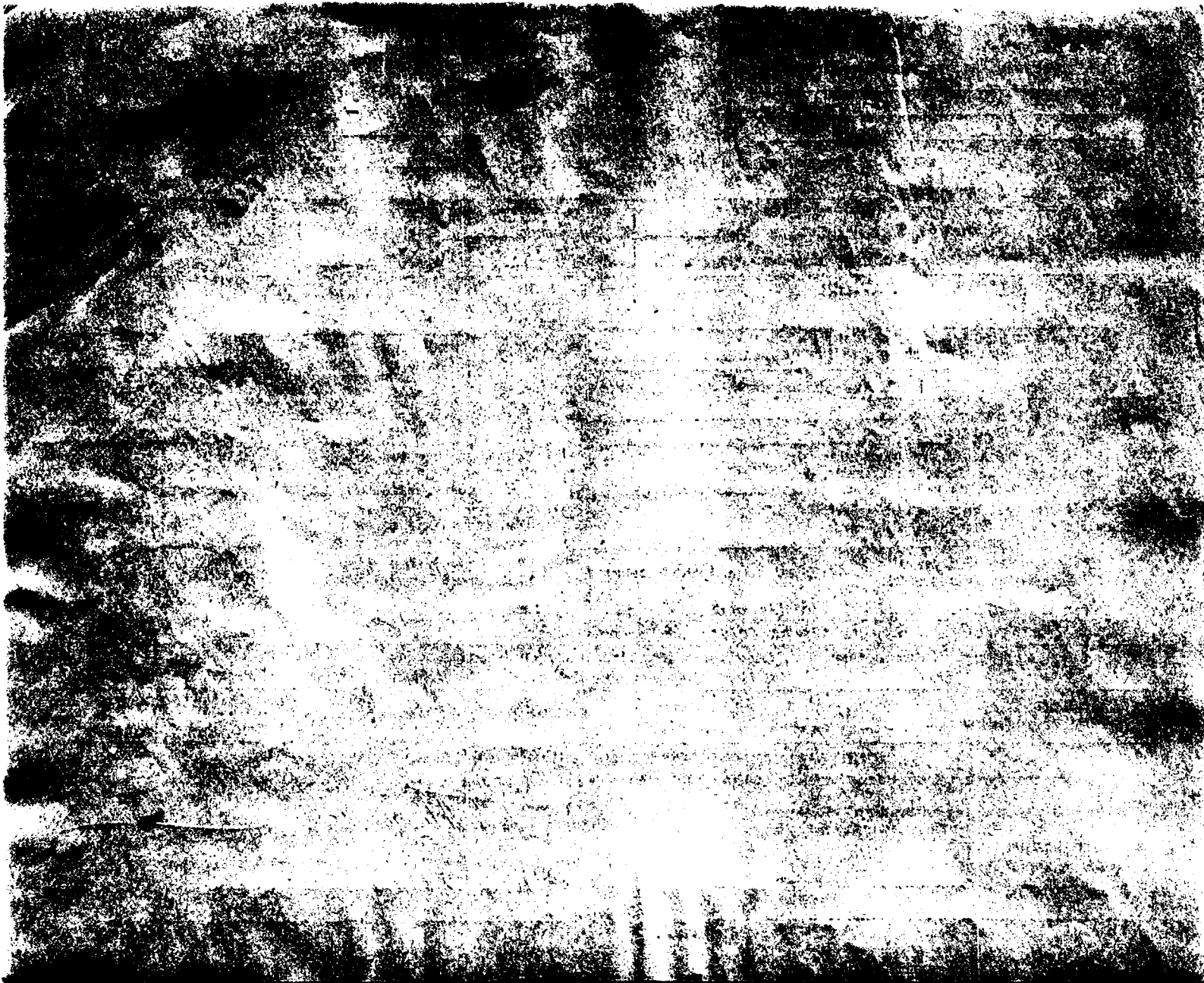
9. Full name FATHER Alupue Mason Pool  
10. Residence (usual place of abode) Turn Fall  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 30 (years)  
13. Birthplace (city or place) Turn Fall  
(State or Country) South Carolina  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Recruiting Sergeant  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. Govt.  
16. Date (month and year) last engaged in this work July 1935  
17. Total time (years) spent in this work 12 yrs

18. Full maiden name MOTHER Esther Stella Jasso  
19. Residence (usual place of abode) Turn Fall  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 29 (years)  
22. Birthplace (city or place) Butte Montana  
(State or Country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Comptroller Oper.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. office  
25. Date (month and year) last engaged in this work Oct 1934  
26. Total time (years) spent in this work 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 3  
29. If stillborn, period of gestation 7 mo. { months or weeks  
30. Cause of Stillbirth ? { Before labor 9 23 During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Fullborn at 5<sup>00</sup> m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) S. H. Anderson M. D.  
or \_\_\_\_\_ Midwife  
Address Turn Fall Dep  
Filed Aug 14, 1935 J. P. Humphrey Registrar.  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.





MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111C 12-1035 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
PLACE OF DEATH  
County of Twin Falls  
City of Twin Falls  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
State File No. 95146

Registration District No. 37  
Primary Registration District No. 2085 Local Registrar's No. 145

(No. Twin Falls County General Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Dupre Pool  
(a) Residence. No. 1202--4Th Ave, East St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed or Divorced (write the word) <b>*****</b>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <b>July 23-1935</b>		
7. AGE Years <b>0</b>	Months <b>0</b>	Days <b>0</b>
If LESS than 1 day, ... hrs. or ... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as <b>spinner, sawyer, bookkeeper, etc.</b>	
	9. Industry or business in which work was done, as <b>silk mill, saw mill, bank, etc.</b>	
	10. Date deceased last worked at this occupation (mo. and yr.)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Twin Falls  
(State or country) Idaho

MOTHER/FATHER  
13. NAME Dupre Pool  
14. BIRTHPLACE (city or town) Greenville  
(State or country) S.C.  
15. MAIDEN NAME Esther Passo  
16. BIRTHPLACE (city or town) Butte  
(State or country) Montana.

17. INFORMANT Dupre Pool  
(Address) 1202-4Th Ave. East

18. BURIAL, CREMATION OR REMOVAL  
Place Twin Falls, Ida July 24 1935

19. UNDERTAKER S.C. Phillips  
(Address) Twin Falls, Idaho.

20. FILED 29/35, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 193..., to Stillborn, 193....

I last saw h.... alive on Stillborn, 193.... death is said to have occurred on the date stated above, at 5.30 PM.

The principal cause of death and related causes of importance were as follows:

Death prior to delivery.  
stillborn.

Other contributory causes of importance:

Stillborn

Name of operation None Date of None

What test confirmed diagnosis? None Where an autopsy? No

23. If death was due to exte'l causes (**violence**) fill in also the following:  
Accident, suicide, or homicide? No Date of injury, 193... None

Where did injury occur? None  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Time and D.  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 689-118-002-254  
PLACE OF BIRTH

County of Adams  
City of Sandwich

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? yes 8. Date of birth Aug 18, 1935 (Month, Day, Year)

9. Full name FATHER Sam W White

10. Residence (usual place of abode) (If non-resident, give place and State) Star

11. Color or race White 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Pt & R. Railway

16. Date (month and year) last engaged in this work Aug 1935 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Sara Anderson

19. Residence (usual place of abode) (If non-resident, give place and State) Hubbard

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Aug 1935 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks

30. Cause of stillbirth unk { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Chilton at \_\_\_\_\_ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

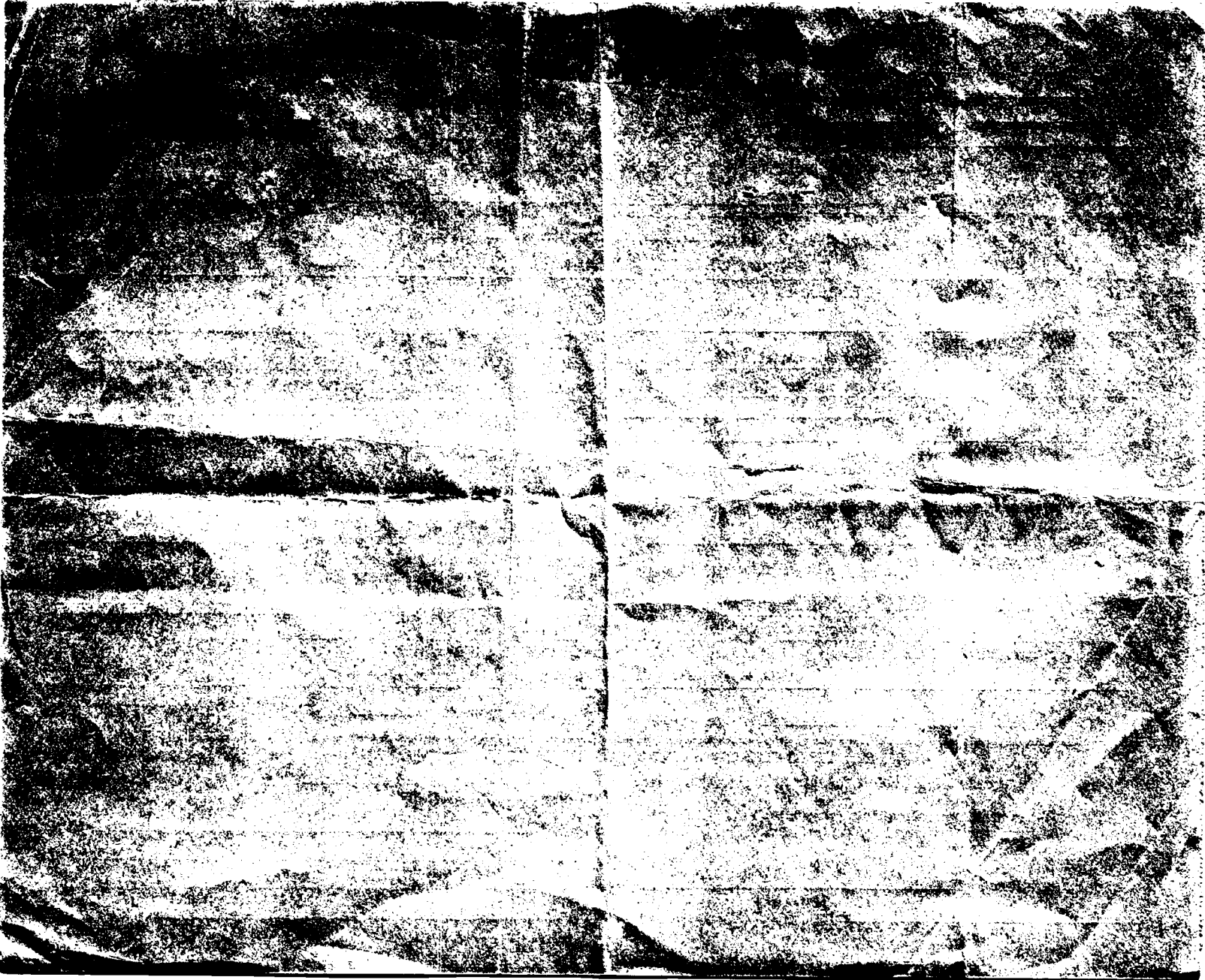
(Signed) \_\_\_\_\_, M. D.

or H. J. Hunt, Midwife

Address \_\_\_\_\_

Filed Sept 10, 1935

DR. ALVIN S. THURSTON  
COUNCIL, IDAHO



SEP 12 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Cheney  
City of Goodrich

CERTIFICATE OF DEATH

State File No. 94808

Registration District No. 71

Primary Registration District No. 104 Local Registrar's No. 706

(If death occurred in a hospital or institution, give its name instead of street and number)  
2. Father name, Don White

(a) Residence. No. Goodrich St.   
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of   
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/18/35

7. AGE Years  Month  Days  If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goodrich Idaho  
(State or country)

13. NAME Oscar White

14. BIRTHPLACE (city or town)   
(State or country)

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town)   
(State or country)

17. INFORMANT Father  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Goodrich Date 8/18/35

19. UNDERTAKER family  
(Address)

20. FILED 9/10/35 Albert H. Hunter  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/18/35 1935

22. I HEREBY CERTIFY, That I attended deceased from , 1935, to , 1935.

I last saw h. deceased, 1935; death is said to have occurred on the date stated above, at  m.

The principal cause of death and related causes of importance were as follows:

Stillborn

unknown

Other contributory causes of importance:

unknown

Name of operation 0 Date of

What test confirmed diagnosis? 9 Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury , 1935.

Where did injury occur?   
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  If so, specify

(Signed) G. F. Hunter H. L. Hunter  
(Address) Goodrich

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

159-131003-754

1. PLACE OF BIRTH  
County of Bannock  
City of Castillo  
No. \_\_\_\_\_ St. \_\_\_\_\_

SEP 17 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

234900

CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

Registration District No. 28 State File No. \_\_\_\_\_  
Prim. Registration District No. 2161 Local Registrar's No. 963

2. FULL NAME OF CHILD STILLBORN Jergensen

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>I</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>7-31</u> , 19 <u>35</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER  
Arnold See Free Jergensen

18. Full maiden name MOTHER  
Joan Geddes

10. Residence (usual place of abode)  
(If non-resident, give place and State) 1150 No. Hayes  
White

19. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race \_\_\_\_\_ 12. Age at last birthday 26 (years)

20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place)  
(State or Country) Fillevø Denmark

22. Birthplace (city or place)  
(State or Country) Preston, Ida.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse R.N.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public Health

16. Date (month and year) last engaged in this work  
present, 19  

25. Date (month and year) last engaged in this work  
June 15, 1931

17. Total time (years) spent in this work 8 years

26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead I (c) Stillborn I

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks

30. Cause of Stillbirth \_\_\_\_\_ { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 5:52 P.M. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) O. F. Call, M. D.

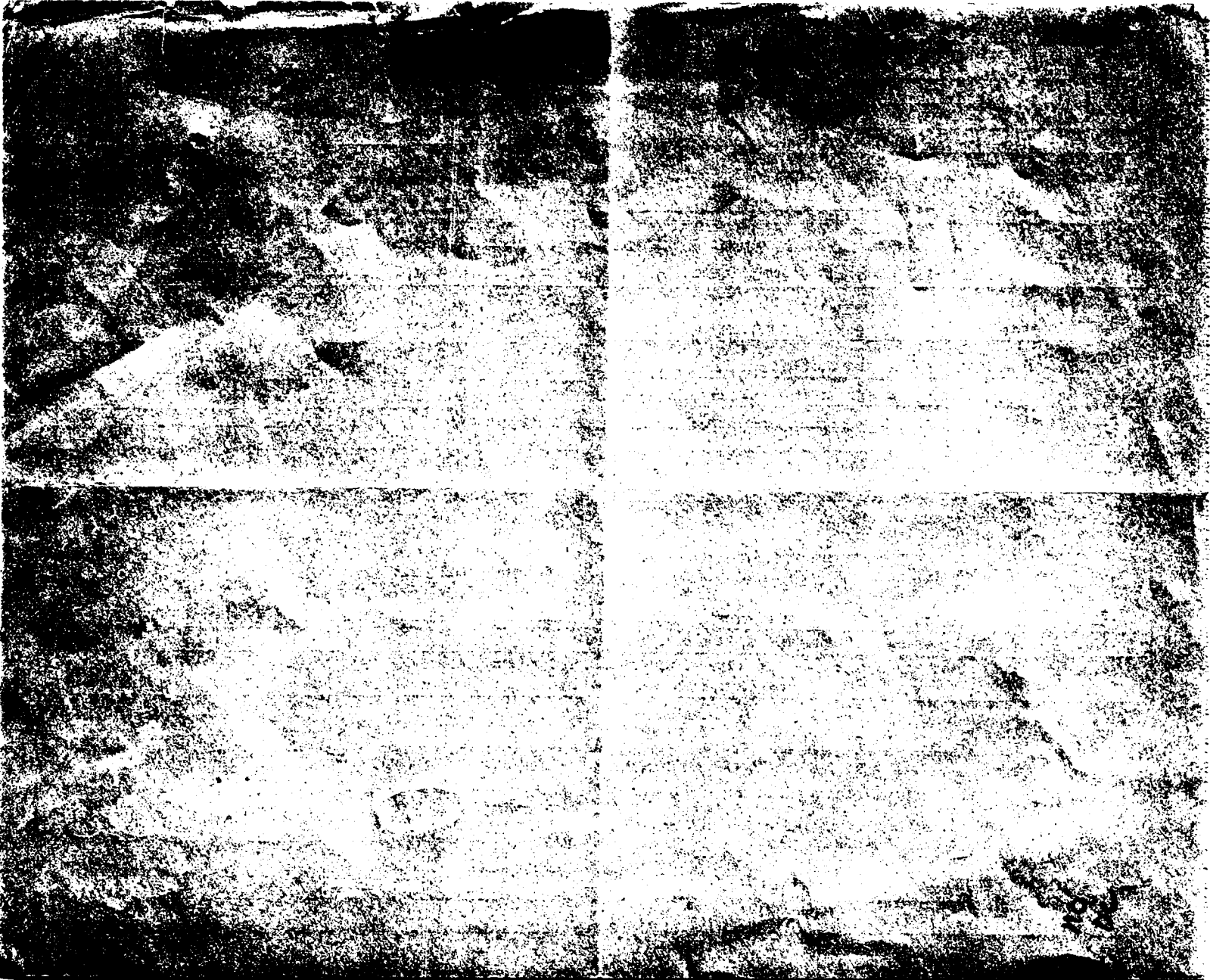
or \_\_\_\_\_, Midwife

Address Castillo, Idaho

Filed Sept. 16, 1935

Registrar.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

443-109,605-522

1. PLACE OF BIRTH **SEP 12 1935** **RECEIVED**  
County of Benewah  
City of St. Maries Idaho  
No. St. Maries Hospital St. Idaho  
Registration District No. 32 State File No. 234985  
(If born in hospital or institution give name.) Prim. Registration District No. 2049 Local Registrar's No. 20

2. FULL NAME OF CHILD Lordon Albert Mulkey

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>No</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>Aug 9, 1935</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Albert Leslie Mulkey</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries, Idaho</u>			11. Color or race <u>W</u>   12. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Hendrick Idaho</u>			14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Haister</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Logging wood</u>
16. Date (month and year) last engaged in this work <u>8/8, 1935</u>			17. Total time (years) spent in this work <u>8 yrs</u>			18. Full maiden name <u>MOTHER</u> <u>Charlotte Genevieve Ebbett</u>
19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries, Idaho</u>			20. Color or race <u>W</u>   21. Age at last birthday <u>21</u> (years)			22. Birthplace (city or place) (State or Country) <u>Rathfrum Idaho</u>
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>			25. Date (month and year) last engaged in this work <u>8-7, 1935</u>
26. Total time (years) spent in this work <u>4</u>			27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Not used</u>			28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>
29. If stillborn, period of gestation <u>40 wks</u> { months or weeks			30. Cause of Stillbirth { During labor. <u>Refused</u> Before labor.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Fullborn at 8<sup>04</sup> m. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) C. A. Robins, M. D.

Address St. Maries, Idaho

Filed Sept. 9, 1935 Walter Koberg Registrar.

1. The first of these is the fact that the  
2. second of these is the fact that the  
3. third of these is the fact that the  
4. fourth of these is the fact that the  
5. fifth of these is the fact that the  
6. sixth of these is the fact that the  
7. seventh of these is the fact that the  
8. eighth of these is the fact that the  
9. ninth of these is the fact that the  
10. tenth of these is the fact that the

(Examples)

I deeply regret that I attended the birth of this child who was

CONFIDENTIALITY OF ATTENDING PHYSICIAN AND NURSE

SECRET

30. Garret de St. John

CONFIDENTIAL

randomized or otherwise

(a) Born alive and now living. (b) Born still.

... ..

long (enough) until last TI

33. Date (month and year)  
row 11 of box 100

1948

23. Trade protection or restriction of work done in domestic market.

(State of Maine)  
(County of Cumberland)

Color of 1460-1461 25

(1) Non-constant zero place and

14-00000  
35-10000  
00000

SECRET

divided to remain in order of birth

Page 1 of 1

117

SENT TO NEW YORK

4-11-68

\_\_\_\_\_

SEP 12 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

94844

## PLACE OF DEATH

County of

City of

Registration District No.

Primary (Registration District No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence No.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,  
hrs. or  
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)

14. Informant

(Address)

15. Filed

Sept 9, 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, that I attended deceased from

that I last saw Stillborn 8-9-35 8-9-35  
and that death occurred, on the date stated above, at 8:04 P. m.

The CAUSE OF DEATH\* was as follows:

CONTRIBUTORY  
(Secondary)18. Where was disease contracted  
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

8-9-35

(Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Burial - St. Marie's Idaho

Aug. 11 - 1935

20. Undertaker

Address

Stapich Funeral Home Inc.

St. Marie's Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 31 1952

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

693-110-005-115

1. PLACE OF BIRTH  
County of Benevolence City of Plummer No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH - 234992

SEP 7 1935 RECEIVED

Registration District No. 46 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2123 Local Registrar's No. 30

2. FULL NAME OF CHILD Vin named Wilson

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other <u>X</u>	6. Premature <u>Y</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug 10</u> , 193 <u>5</u> (MONTH, DAY, YEAR)
9. Full name <u>Robert Henry Wilson</u>		5. Number, in order of birth <u>X</u>	Full term		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Plummer, Idaho</u>			18. Full maiden name <u>Ulof Regina Jansson</u>		
11. Color or race <u>White</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Plummer</u>		
12. Age at last birthday <u>29</u> (years)			20. Color or race <u>White</u>		
13. Birthplace (city or place) (State or country) <u>Utah</u>			21. Age at last birthday <u>21</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			22. Birthplace (city or place) (State or country) <u>Utah</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work <u>Aug 10</u> , 19 <u>30</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
17. Total time (years) spent in this work <u>10</u>			25. Date (month and year) last engaged in this work <u>Aug 10</u> , 19 <u>30</u>		
26. Total time (years) spent in this work <u>3</u>			27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
28. If stillborn, period of gestation <u>8 months</u> or weeks			29. Cause of stillbirth <u>Do not know</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Chelton at 4 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. E. Abegglen D. M. D.  
or Obstetrical Physician & Surgeon Midwife

Give name added from a supplemental report \_\_\_\_\_

Address Plummer, Utah

Filed Aug 15, 1935 Fred A. Robinson

Registrar.

Registrar.



1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's message to Congress for the first time since the beginning of the Civil War. The letter is written in a very formal and dignified style, and it is full of references to the Constitution and the laws of the United States. It is a very good example of the President's power and authority.

2. The second part of the document is a letter from the President to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's message to Congress for the first time since the beginning of the Civil War. The letter is written in a very formal and dignified style, and it is full of references to the Constitution and the laws of the United States. It is a very good example of the President's power and authority.

3. The third part of the document is a letter from the President to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's message to Congress for the first time since the beginning of the Civil War. The letter is written in a very formal and dignified style, and it is full of references to the Constitution and the laws of the United States. It is a very good example of the President's power and authority.

4. The fourth part of the document is a letter from the President to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's message to Congress for the first time since the beginning of the Civil War. The letter is written in a very formal and dignified style, and it is full of references to the Constitution and the laws of the United States. It is a very good example of the President's power and authority.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <b>94850</b>	
<b>PLACE OF DEATH</b> County of <u>Banewah</u> City of <u>Lovell</u>		Registration District No. <u>46</u> Primary Registration District No. <u>2123</u> Local Registrar's No. <u>23</u>	
(No. <u>at home</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)		206	
<b>2. FULL NAME</b> <u>No Named Wilson</u> (a) Residence. No. <u>Lovell, Ida.</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		21. DATE OF DEATH (month, day, and year) <u>Aug 10, 1935</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 10/35</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 10, 1935</u> to <u>Aug 10, 1935</u> . I last saw him alive on <u>Stillborn</u> , 1935; death is said to have occurred on the date stated above, at <u>6 A. M.</u>	
7. AGE Years <u>Stillborn</u> Months _____ Days _____	If LESS than 1 day, _____ hrs. _____ min.	The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		<u>Stillborn cause not known.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year) <u>no</u>		11. Total time (years) spent in this occupation <u>no</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Lovell, Ida</u>		Date of onset	
13. NAME <u>Robert H. Wilson</u>		Name of operation <u>✓</u> Date of <u>✓</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Spangle, Wash</u>		What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>	
15. MAIDEN NAME <u>Violet Benson</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury _____, 1935	
16. BIRTHPLACE (city or town) (State or country) <u>Latah, Wash</u>		Where did injury occur? <u>✓</u> (Specify city or town, county, and State)	
17. INFORMANT (Address) <u>Robert H. Wilson, Lovell, Ida</u>		Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spangle, Wash</u> Date <u>Aug 11, 1935</u>		Manner of injury <u>✓</u>	
19. UNDERTAKER (Address) <u>none</u>		Nature of injury <u>✓</u>	
20. FILED <u>Aug 15, 1935</u> <u>Jud A Robertson</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>W. E. Abegglen, D. P.</u> (Signed) <u>Idaho, Wash.</u> (Address)	



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-215-005-238

1. PLACE OF BIRTH  
County of Benewah  
City of near Plummer  
No. \_\_\_\_\_ St. \_\_\_\_\_

SEP 7

1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

234993

S

Registration District No. 46 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2123 Local Registrar's No. 31

2. FULL NAME OF CHILD unnamed garber

3. Sex 71 If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes Full term no 7. Legitimate? yes 8. Date of birth Aug 15, 1935 (Month, Day, Year)

9. Full name Charles E. Garber FATHER  
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho  
11. Color or race W 12. Age at last birthday 29 (years)  
13. Birthplace (city or place) (State or Country) Wash.

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods laborer  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name Edwina Schow MOTHER  
19. Residence (usual place of abode) (If non-resident, give place and State) Plummer Idaho  
20. Color or race W 21. Age at last birthday 19 (years)  
22. Birthplace (city or place) (State or Country) Minn.  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. General house work  
25. Date (month and year) last engaged in this work to day 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living no (b) Born alive but now dead no (c) Stillborn 1

29. If stillborn, period of gestation Key months { months or weeks 30. Cause of Stillbirth Premature Birth During labor \_\_\_\_\_ Before labor yes

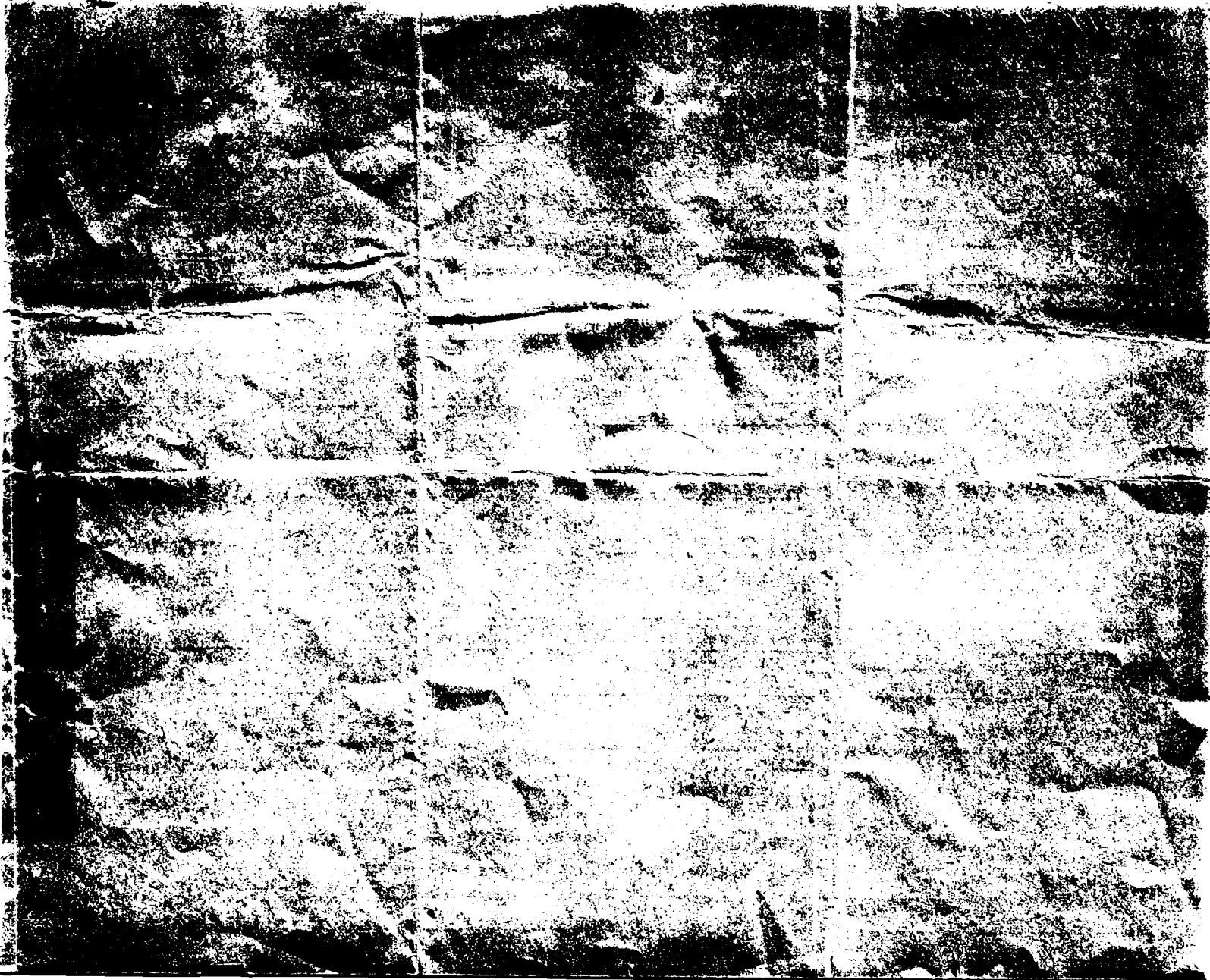
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Still born) at 4 P. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Signed) J. A. Nelson, M. D.  
or \_\_\_\_\_ Midwife  
Address Plummer, Wash.  
Filed Aug 17, 1935 Fred A. Robertson  
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 7 1935 RECEIVED STANDARD CERTIFICATE OF DEATH

94851  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Beebeewah State Idaho Registered No. 24  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
City Near Plummer No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME

Unnamed Gorber  
(a) Residence: No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) Aug 15, 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Plummer, Ida.  
(State or country)

13. NAME Charles E. Gorber

14. BIRTHPLACE (city or town) Idaho  
(State or country)

15. MAIDEN NAME Flora Schow

16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT Mrs. Flora Schow  
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Plummer, Ida. Date Aug 16, 1935

19. UNDERTAKER None  
(Address)

20. FILED Aug 17, 1935 Fred A. Robinson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 15, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 10, 1935 to Aug 15, 1935, 19\_\_\_\_  
last saw deceased alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset \_\_\_\_\_

Primative birth

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. A. Nelson M. D.

(Address) Beebeewah

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SEP 9 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S 235078

## CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Bonneville  
City of Idaho Falls  
No. RDS Hospital St.Registration District No. 13 State File No. \_\_\_\_\_(If born in hospital or institution give name) Prim. Registration District No. 2150 Local Registrar's No. 4922. FULL NAME OF CHILD Stillbirth3. Sex female If plural births { 4. Twin, triplet, or other. / 6. Premature Sm 7. Legiti-  
mate? yes 8. Date of birth Aug 2, 1935  
(Month, Day, Year)9. Full name Arthur Keller FATHER 18. Full maiden name Emma Ellis MOTHER10. Residence (usual place of abode) Rt #2 Ida 19. Residence (usual place of abode) Idaho Falls Rt #2  
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday 24 (years) 20. Color or race white 21. Age at last birthday 18 (years)13. Birthplace (city or place) Idaho Falls Ida 22. Birthplace (city or place) Idaho Falls  
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer/renter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Ad15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. /16. Date (month and year) last engaged in this work Aug 2, 1935 17. Total time (years) spent in this work 3 yrs 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living. 1 (b) Born alive but now dead. 0 (c) Stillborn. 129. If stillborn, period of gestation 8 months { months or weeks 30. Cause of Stillbirth transverse and presentation  
Before labor. yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:57 a. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) [Signature] M. D.or Idaho Falls MidwifeAddress [Signature]Filed Aug 7, 35, 1935 [Signature] Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

1935 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS	
PLACE OF DEATH <u>Brownsville</u>		COUNTY OF <u>Idaho Falls</u>		State File No. <u>94901</u>	
City of <u>Idaho Falls</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>178</u>	
Primary Registration District No. <u>214-0</u>		(No. <u>EDS Hospital</u> )		(If death occurred in hospital or institution, give its name instead of street and number)	
2. FULL NAME <u>Stillbirth</u>		(a) Residence. No. <u>Idaho Falls Rt #2</u>		(Usual place of abode)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Baby</u>			
6. If married, widowed, or divorced HUSBAND or (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug 2 1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.	
<u>Stillbirth</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u>					
MOTHER/FATHER					
13. NAME <u>Arthur Keller</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u>					
15. MAIDEN NAME <u>Emma Ellis</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u>					
17. INFORMANT <u>Arthur Keller</u> (Address) <u>Idaho Falls</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Idaho Falls</u> Date <u>Aug 2, 1935</u>					
19. UNDERTAKER <u>Idaho Falls</u> (Address)					
20. FILED <u>Aug 2, 1935</u> Registrar <u>Idaho Falls</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Aug 2 1935</u>					
22. HEREBY CERTIFY, That I attended deceased from <u>Aug 2 1935</u> to <u>Aug 2 1935</u>					
I last saw her alive on <u>Aug 2 1935</u> ; death is said to have occurred on the date stated above, at <u>3:51 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
Exhaustion due to transverse arm & shoulder presentation. Dry labor 36 hrs.					
Other contributory causes of importance:					
Premature 8 month					
Name of operation <u>Version &amp; Extraction</u> Date of <u>9/2/35</u>					
What test confirmed diagnosis? ... Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury... 1935.					
Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? ... If so specify					
(Signed) <u>Idaho Falls</u> M. D.					
(Address) <u>Idaho Falls</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

753-216-011-687

SEP 9

1935

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

## CERTIFICATE OF BIRTH

235174

1. PLACE OF BIRTH  
County of Boundary  
City of Commerce Ferry  
No. \_\_\_\_\_ St. \_\_\_\_\_Registration District No. 79 State File No. \_\_\_\_\_(If born in hospital or institution give name) Prim. Registration District No. 2156 Local Registrar's No. \_\_\_\_\_2. FULL NAME OF CHILD Baby Peterson3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term ✓ 7. Legitimate Yrs 8. Date of birth July 16, 1935 (Month, Day, Year)9. Full name Harry Palmer Peterson FATHER10. Residence (usual place of abode) (If non-resident, give place and State) Commerce Ferry11. Color or race W 12. Age at last birthday 28 (years)13. Birthplace (city or place) (State or Country) Thermon Idaho14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 2 (At time of this birth and including this child)(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) Rm. Bowell, M. D.

or \_\_\_\_\_, Midwife

Address Commerce Ferry IdahoFiled July 20, 1935 E. E. Fry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

CHARGE NO. 1  
CHARGE NO. 2  
CHARGE NO. 3

Registration District No. \_\_\_\_\_  
 Police Registration No. \_\_\_\_\_

DATE OF CHRG

[illegible]

did not return to the country.

NOTED

830724

[illegible]

10  
in the work

Period of gestation	At birth	At 1 month	At 2 months	At 3 months	At 4 months	At 5 months	At 6 months	At 7 months	At 8 months	At 9 months	At 10 months	At 11 months	At 12 months
1. Weight													
2. Length													
3. Head circumference													
4. Chest circumference													
5. Arm circumference													
6. Leg circumference													
7. Skin color													
8. Hair													
9. Teeth													
10. Eyes													
11. Ears													
12. Nose													
13. Mouth													
14. Tongue													
15. Throat													
16. Lungs													
17. Heart													
18. Liver													
19. Spleen													
20. Kidneys													
21. Bladder													
22. Intestines													
23. Stomach													
24. Pancreas													
25. Gallbladder													
26. Liver													
27. Spleen													
28. Kidneys													
29. Bladder													
30. Intestines													
31. Stomach													
32. Pancreas													
33. Gallbladder													
34. Liver													
35. Spleen													
36. Kidneys													
37. Bladder													
38. Intestines													
39. Stomach													
40. Pancreas													
41. Gallbladder													
42. Liver													
43. Spleen													
44. Kidneys													
45. Bladder													
46. Intestines													
47. Stomach													
48. Pancreas													

I hereby certify that I attended the birth of this child, who was  
 (Name of child) (Date of birth)  
 (Place of birth)  
 (Signature of physician)  
 (Address)  
 (City)  
 (State)  
 (County)  
 (Date)

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 9 1935 RECEIVED

PLACE OF DEATH  
 County of Boundary  
 City of Bonniers Ferry

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

94926

State File No. ....

Registration District No. 72Primary Registration District No. 2156

Local Registrar's No. ....

(No. ....)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Peterson

(a) Residence. No. .... St. ....  
 (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.) .....  
 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bonniers Ferry  
 (State or country) Idaho

13. NAME Harry Peterson

14. BIRTHPLACE (city or town) Harrison  
 (State or country) Idaho

15. MAIDEN NAME Moorene Wiggington

16. BIRTHPLACE (city or town) St. Joseph  
 (State or country) Missouri

17. INFORMANT Harry Peterson  
 (Address) Bonniers Ferry, Idaho

18. BURIAL, CREMATION OR REMOVAL  
 Place Bonniers Ferry Date July 17, 1935

19. UNDERTAKER H. R. Crouch  
 (Address) Bonniers Ferry, Ida.

20. FILED July 16, 1935 ST. JO  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 1935

22. I HEREBY CERTIFY, that I attended deceased from ..... 193...., to ..... 193....

I last saw h.... alive on ..... 193.... death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Prolapsed labor due to flat pelvis - Prolapse of cord  
 Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....  
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) R. B. Bonville  
 (Address) Bonniers Ferry, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Guster  
City of Challis  
No. 235275

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 128 State File No. 304  
Prim. Registration District No. 2186 Local Registrar's No. 304

2. FULL NAME OF CHILD

3. Sex Female plural births 1 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature no 7. Legitimate yes 8. Date of birth July 4, 1935 (Month, Day, Year)

9. Full name FATHER Albert C. Mackley 18. Full maiden name MOTHER Bear Alice Walby

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Shoemaker 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as mill, sawmill, bank, etc. Shoemaker 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work now 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. Dye, 2%

28. Number of children of this mother (At time of this birth and including this child) 5  
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 6 1/2 months or weeks 30. Cause of stillbirth Unknown  
Before labor ✓  
During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead 6.4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. S. Kirby, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Challis, Ida.  
Filed July 7, 1935 Edna M. Kany Registrar.

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, for the year ending December 31, 1964.

The total number of acres of land owned by the United States is 1,000,000,000. The total number of acres of land owned by the State of California is 100,000,000. The total number of acres of land owned by the State of Texas is 100,000,000.

The following table shows the number of acres of land owned by the United States, the State of California, and the State of Texas, for the year ending December 31, 1964.

State	Number of Acres
United States	1,000,000,000
State of California	100,000,000
State of Texas	100,000,000

The following table shows the number of acres of land owned by the United States, the State of California, and the State of Texas, for the year ending December 31, 1964.

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The following table shows the number of acres of land owned by the United States, the State of California, and the State of Texas, for the year ending December 31, 1964.

State	Number of Acres
United States	1,000,000,000
State of California	100,000,000
State of Texas	100,000,000

AUG 23 1935 RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 94985

## PLACE OF DEATH

County of CusterCity of Challis

## CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 3186

(No. \_\_\_\_\_)

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

Baby Mackley

(a) Residence. No. \_\_\_\_\_

(Usual place of abode.)

St. \_\_\_\_\_

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofstill born

6. DATE OF BIRTH (month, day and year)

July 4-1935

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

Premature min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country)

Challis Idaho  
Custer

10. NAME OF FATHER

Albert C. Mackley

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

Manish Fork  
Utah County Utah

12. MAIDEN NAME OF MOTHER

Beard Alice Mackley

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

Omaha  
Nebraska

14.

Informant  
(Address)Albert C. Mackley  
Challis Idaho

15.

Filed

July 7, 1935Elmer M. Kennedy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July4th1935

17. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:

Do not know cause of death  
This child died at about  
6 mo. gestation

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY

(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

(Signed)

C. B. Kirkley

M. D.

(Address) Challis, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Challis IdahoJuly 4 1935

20. Undertaker

Freund

Address

Challis, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

206



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death, 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

24-109-023-769

RECEIVED  
1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 235338

1. PLACE OF BIRTH  
County of 2nd  
City of 5 White W. & L. St.  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 6 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Baby Sumpter

3. Sex M If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth. \_\_\_\_\_  
6. Premature 7/2 7. Legiti- \_\_\_\_\_ 8. Date of birth Aug 9 1935  
Full term \_\_\_\_\_ mate 7/2 \_\_\_\_\_

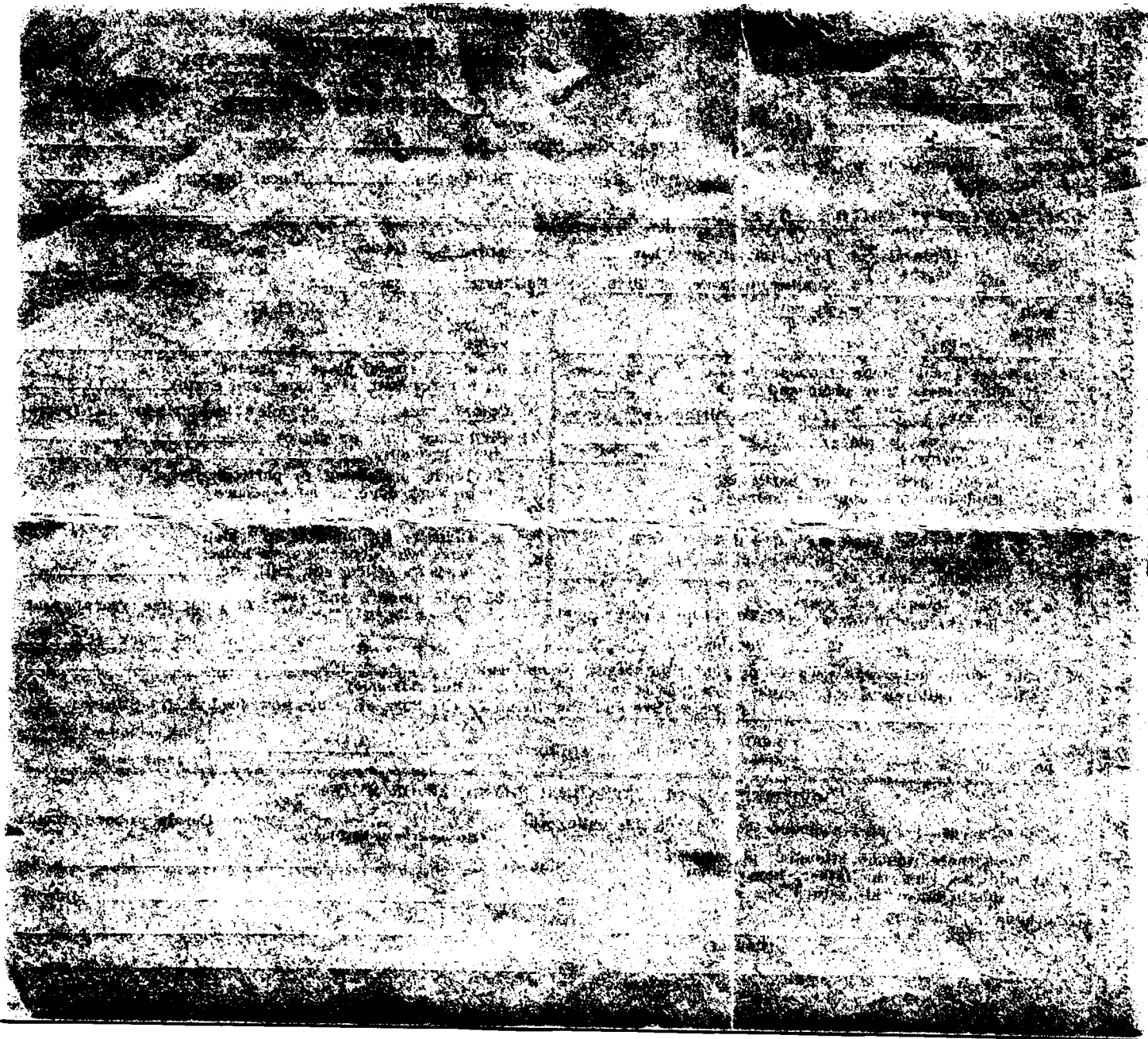
9. Full name FATHER Wm Roy Sumpter  
10. Residence (usual place of abode) White W. & L. St.  
(If non-resident, give place and State) \_\_\_\_\_  
11. Color or race W 12. Age at last birthday 40 (years)  
13. Birthplace (city or place) Moscow  
(State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work Aug 1935  
17. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 7 1/2 months or weeks 30. Cause of stillbirth Eclampsia  
Before labor yes  
During labor \_\_\_\_\_

18. Full maiden name MOTHER Bertie Porter  
19. Residence (usual place of abode) White W. & L. St.  
(If non-resident, give place and State) \_\_\_\_\_  
20. Color or race W 21. Age at last birthday 32 (years)  
22. Birthplace (city or place) White W. & L. St.  
(State or country) Idaho  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work July 1935  
26. Total time (years) spent in this work 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 p.m. on the date above stated.  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn  
(Signed) Dr. M. P. Jones M. D.  
or \_\_\_\_\_ Midwife  
Address White W. & L. St., Idaho  
Filed Aug 12 1935 J. R. Reynolds Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Blaine</i>	City of <i>New Plymouth</i>	CERTIFICATE OF DEATH		State File No. <i>95083</i>	
Registration District No. <i>4</i>		Primary Registration District No. <i>1008</i>		Local Registrar's No. <i>46</i>	
(No. ....)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <i>Baby Sumpter</i>					
(a) Residence. No. .... St. ....					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed or Divorced (write the word) <i>single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>none</i>					
6. DATE OF BIRTH (month, day, and year) <i>Aug 9, 1935</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <i>spinner, sawyer, bookkeeper, etc.</i>					
9. Industry or business in which work was done, as <i>silk mill, saw mill, bank, etc.</i>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>New Plymouth, Idaho</i>					
13. NAME <i>Wm Aug. Sumpter</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
15. MAIDEN NAME <i>Bertha L. Potter</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Idaho</i>					
17. INFORMANT (Address) <i>W. L. Sumpter, New Plymouth, Idaho</i>					
18. BURIAL, CREMATION OR REMOVAL Place <i>Idaho</i> Date <i>Aug 2, 1935</i>					
19. UNDERTAKER (Address) <i>Idaho</i>					
20. FILED <i>Aug 10, 1935</i> <i>J. C. Woodward</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <i>Aug 9, 1935</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Aug 9, 1935</i> , to <i>Aug 7, 1935</i> .					
I last saw him alive on ....., 1935; death is said to have occurred on the date stated above, at .....m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset <i>Aug 9, 1935</i>					
Other contributory causes of importance:					
Name of operation <i>Cesarean</i> Date of <i>Aug 9, 1935</i>					
What test confirmed diagnosis? ... Was there an autopsy? ...					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury, 1935.					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify					
(Signed) <i>Wm Aug. Sumpter</i> M. D.					
(Address) <i>New Plymouth, Idaho</i>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

251-111023-691

1. PLACE OF BIRTH  
 County of Gen  
 City of Emmet  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

235342

Registration District No. 6 State File No. \_\_\_\_\_  
 (If born in hospital or institution give name) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Edward Albert Knauff

3. Sex male If plural 1 twin, triplet, or other \_\_\_\_\_ 4. Premature ✓ 5. Legiti-  
 mate? yes 6. Date of birth 8-11- 1935  
 (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Walter Albert Knauff</u>	18. Full maiden name <u>Effie Olivia Fraver</u>	10. Residence (usual place of abode) <u>New Plymouth</u>	19. Residence (usual place of abode) <u>New Plymouth</u>
(If non-resident, give place and State)	(If non-resident, give place and State)	20. Color or race <u>W</u>	21. Age at last birthday <u>45</u> (years)
11. Birthplace (city or place) <u>Chambersburg</u>	22. Birthplace (city or place) <u>Chambersburg Pa</u>	(State or Country) <u>Pennsylvania</u>	(State or Country)
12. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	13. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
14. Date (month and year) last engaged in this work <u>now</u>	15. Total time (years) spent in this work <u>all life</u>	16. Date (month and year) last engaged in this work <u>now</u>	17. Total time (years) spent in this work <u>20</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
 28. Number of children of this mother (At time of this birth and including this child)  
5 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1  
 29. If stillborn, period of gestation 8 mos { months or weeks } 30. Cause of stillbirth Knot in cord { Before labor ✓ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 a m. on the date above stated.  
 (Born Alive or Stillborn)

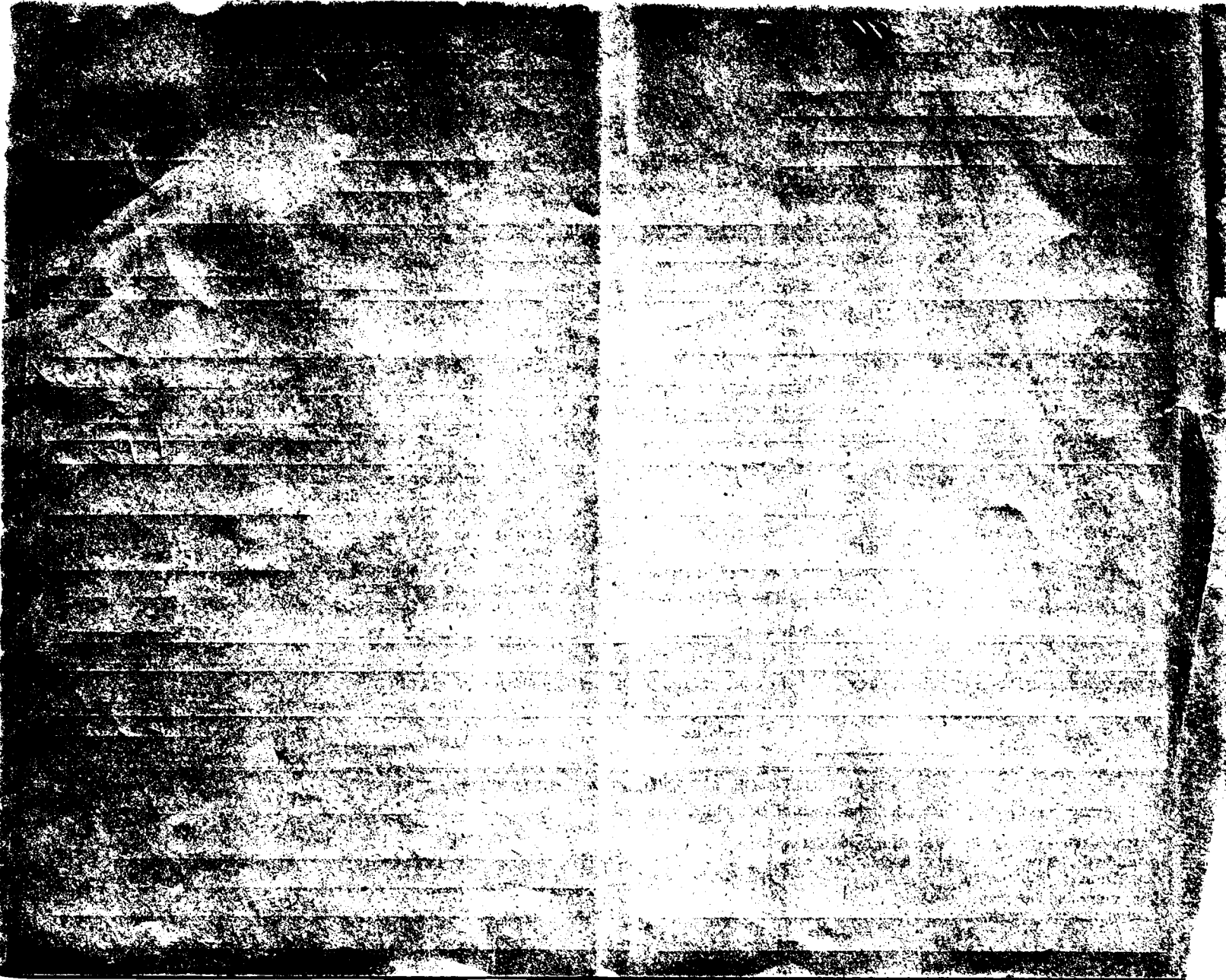
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) E. A. Knauff, M. D.  
 or E. A. Knauff, Midwife  
 Address 9-X-1935  
 Filed 9-X-1935 J. H. Knauff Registrar.

Registrar.

WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child, a Separate Return must be made for each, and the number of each, in order of birth, stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of IdahoCity of KootenaiNo. 235382

(If born in hospital or institution give name.)

Registration District No. 106State File No. SPrim. Registration District No. 2184Local Registrar's No. 212. FULL NAME OF CHILD Premature birth3. Sex Male { If plural births } 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature Yes 7. Legitimate? No 8. Date of birth July 7, 1935 (Month, Day, Year)9. Full name Oliver Newland

FATHER

10. Residence (usual place of abode) Kootenai (If non-resident, give place and State)11. Color or race White 12. Age at last birthday 77 (years)13. Birthplace (city or place) Pomeroy, Wash (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bulldozer operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work July 7, 1935 17. Total time (years) spent in this work 27

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation 7 months or weeks

30. Cause of stillbirth.....

Before labor.....

During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 49 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) J. M. Verbeek, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report.....

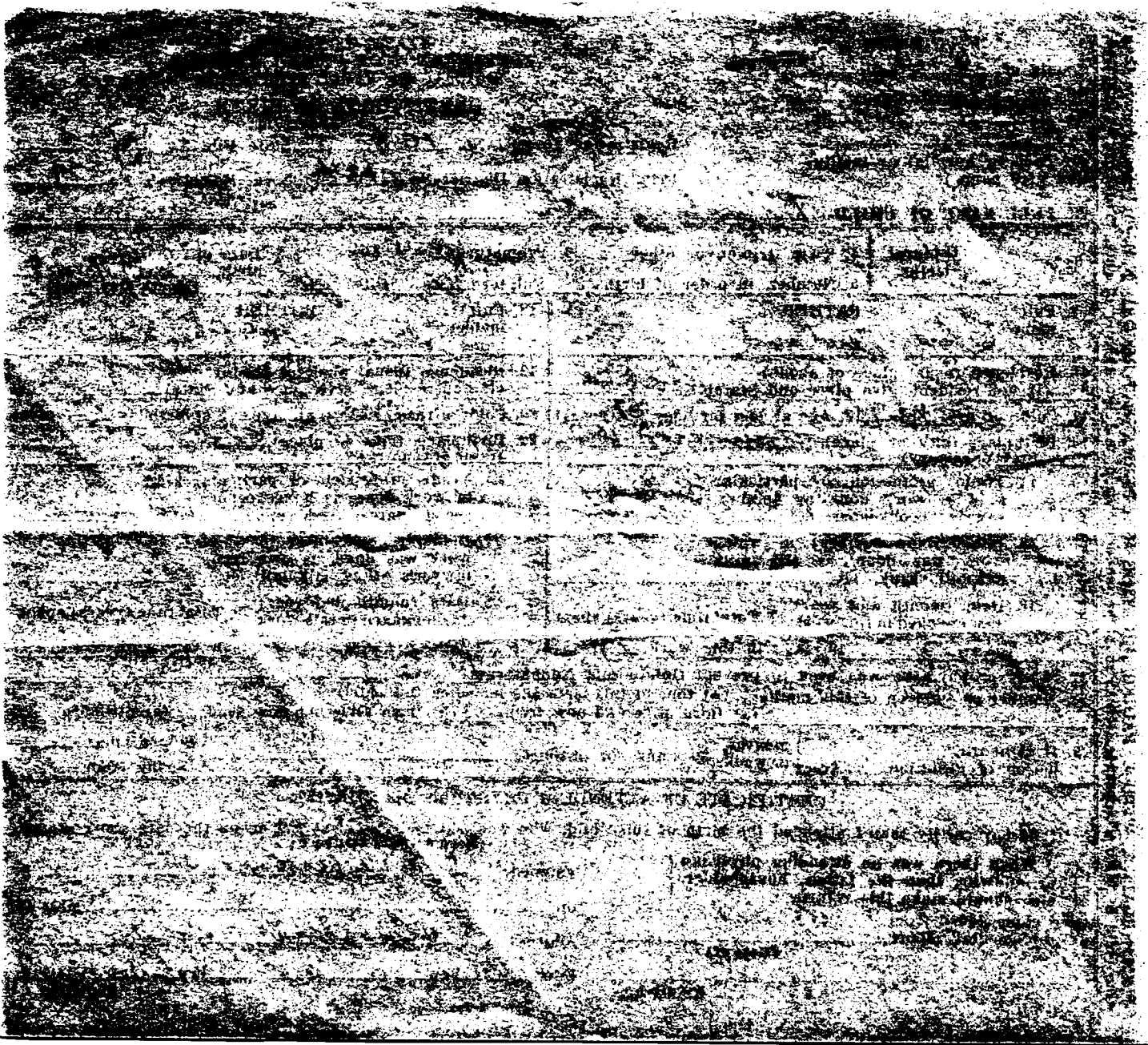
(Date of)

Address Kootenai - IdahoFiled Aug 20, 1935 J. M. Verbeek

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG-10-1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
PLACE OF DEATH  
County of Idaho  
City of Kusko

## CERTIFICATE OF DEATH

Registration District No. 106Primary Registration District No. 2184

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Premature birth. 1935

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant -

6. DATE OF BIRTH (month, day, and year) July 7 - 35

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kusko (State or country)13. NAME Blair Newland14. BIRTHPLACE (city or town) Pomeroy (State or country) Wash15. MAIDEN NAME Irma McPherson16. BIRTHPLACE (city or town) Clearwater (State or country) Idaho17. INFORMANT Irma McPherson (Address) Kusko

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER Fanny (Address) July 7, 193520. FILED Aug 10 1935 J. M. Kuehne Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 95020Local Registrar's No. 390

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 7, 1935.  
I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Premature birth.  
Mother suffering from  
albuminuria.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. M. Kuehne M. D.(Address) Kusko - Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY USING UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

**1. PLACE OF BIRTH**  
County of Blaine **STATE OF IDAHO**  
City of Caldesia Idaho **DEPARTMENT OF PUBLIC WELFARE**  
No. \_\_\_\_\_ **BUREAU OF VITAL STATISTICS** 235559  
St. \_\_\_\_\_  
**CERTIFICATE OF BIRTH**  
Registration District No. 128 State File No. S  
(If born in hospital or institution give name.)  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
**2. FULL NAME OF CHILD** Stillborn  
**3. Sex** Male **4. Twin, triplet, or other** \_\_\_\_\_ **5. Number, in order of birth** \_\_\_\_\_ **6. Premature** Full term **7. Legiti-** mate  
**8. Date of birth** 6-20-1935  
(Month, Day, Year)  
**9. Full name** Arthur Vawter **FATHER** **18. Full maiden name** Gladys Parks **MOTHER**  
**10. Residence (usual place of abode)** Caldesia **19. Residence (usual place of abode)** Caldesia  
(If non-resident, give place and State)  
**11. Color or race** White **22. Age at last birthday** 35 (years) **20. Color or race** White **21. Age at last birthday** 34 (years)  
**13. Birthplace (city or place)** Nebraska **22. Birthplace (city or place)** Iowa  
(State or country)  
**14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc** Laborer **23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc** Housewife  
**15. Industry or business in which work was done, as silk mill, sawmill, bank, etc** \_\_\_\_\_ **24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc** \_\_\_\_\_  
**16. Date (month and year) last engaged in this work** 6-20-1935 **17. Total time (years) spent in this work** \_\_\_\_\_ **25. Date (month and year) last engaged in this work** 6-20-1935 **26. Total time (years) spent in this work** \_\_\_\_\_  
**27. What prophylactic was used to prevent Ophthalmia Neonatorum?** \_\_\_\_\_  
**28. Number of children of this mother** (At time of this birth and including this child)  
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 1  
**29. If stillborn, period of gestation** 9 months or weeks **30. Cause of stillbirth** Protracted labor  
Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. 11:30 A.M.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar. George Gaignard M. D.  
or \_\_\_\_\_ Midwife  
Address Caldesia Idaho  
Filed June 1935 George Gaignard Registrar.

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1911

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1910

ALBANY:

THE STATE PRINTING OFFICE

1911

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1911

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1910

ALBANY:

THE STATE PRINTING OFFICE

1911

NEW YORK

ALBANY: THE STATE PRINTING OFFICE 1911

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

751-207-240-439  
AUG 19 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH S 235636

1. PLACE OF BIRTH  
County of Shoshone  
City of Wallace  
No. Canyon Ave. St.  
Providence  
Registration District No. 70 State File No. S 235636

(If born in hospital or institution give name.) Prim. Registration District No. 1011 Local Registrar's No. 8

2. FULL NAME OF CHILD Mary Helen Pearson

3. Sex ♀ If plural births { 4. Twin, triplet, or other... 6. Premature Yes Legiti-  
5. Number, in order of birth 1 Full term... mate? Yes 3. Date of birth June 17, 1935  
(Month, Day, Year)

9. Full name FATHER Fred Pearson 18. Full maiden name MOTHER Helen McRae

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Mullan

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Spokane, Wash. 22. Birthplace (city or place) (State or Country) Mullan, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present 19 17. Total time (years) spent in this work... 25. Date (month and year) last engaged in this work Present 19 26. Total time (years) spent in this work...

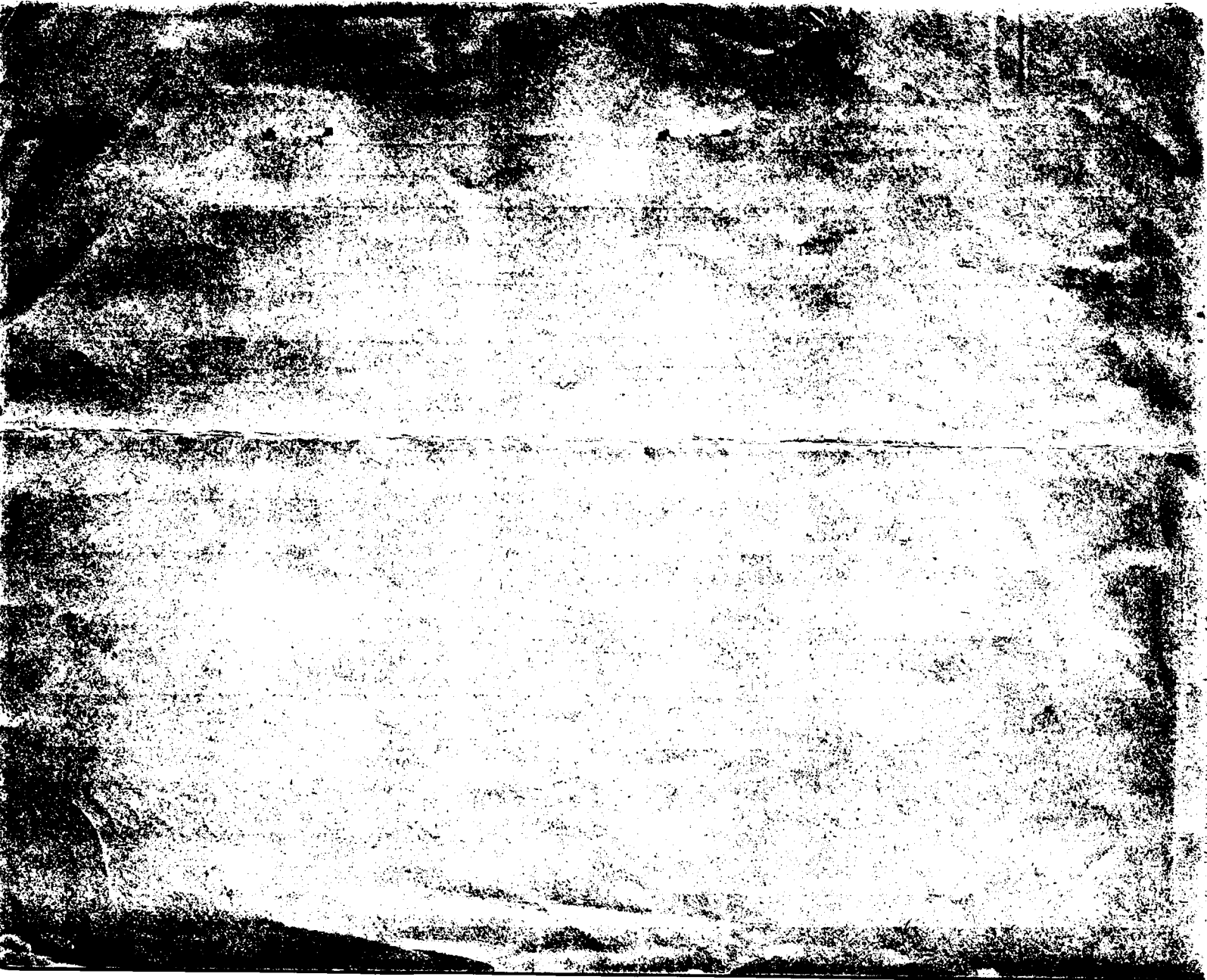
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) 0  
(a) Born alive and now living... (b) Born alive but now dead... (c) Stillborn...

29. If stillborn, period of gestation 6 months { months or weeks 30. Cause of Stillbirth Dissecta praevia { Before labor... During labor...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 p. m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) John B. Brown M. D.  
or \_\_\_\_\_ Midwife  
Address Wallace, Idaho  
Filed Aug 10, 1935 John B. Brown  
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report... (Date of) \_\_\_\_\_  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

111 3 1935 RECEIVED

PLACE OF DEATH

County of Shoshone  
City of Wallace

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 94323

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 68

(If death occurred in a hospital or institution, give its name instead of street and number)  
Providence Hospital

2. FULL NAME Mary Pearson

(a) Residence. No.        St.       

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace (State or country) Ida.

13. NAME Mary Pearson

14. BIRTHPLACE (city or town) Wallace (State or country) Ida.

15. MAIDEN NAME Helen McKee

16. BIRTHPLACE (city or town) Wallace (State or country) Ida.

17. INFORMANT Fred Pearson (Address) Wallace Ida.

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida. Date July 1, 1935

19. UNDERTAKER J. A. Bower (Address) Wallace Ida.

20. FILED June 28, 1935 John Bower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from       , 193...., to       , 193....

I last saw h....alive on       , 193....; death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Presumably  
old.

Other contributory causes of importance:

Name of operation        Date of       

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so specify       

(Signed) John Bower (Address) Wallace Ida.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

838-130-040-366

1. PLACE OF BIRTH  
County of Shoshone  
City of Kellogg  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 123 State File No. \_\_\_\_\_Prim. Registration District No. 2201 Local Registrar's No. 78

## 2. FULL NAME OF CHILD

Baby Schreiber

3. Sex <u>M.</u>	{ If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 30 1935</u> (Month, Day, Year)
9. Full name FATHER <u>H. J. Schreiber</u>				18. Full maiden name MOTHER <u>Katherine Cook</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		
11. Color or race <u>N.</u>		12. Age at last birthday <u>41</u> (years)		20. Color or race <u>N.</u>		21. Age at last birthday <u>40</u> (years)
13. Birthplace (city or place) (State or country) <u>Endicott, Wash</u>				22. Birthplace (city or place) (State or country) <u>Russia</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Relief Foreman</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Union Pacific R.R.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work				17. Total time (years) spent		25. Date (month and year) last engaged in this work
19. _____ in this work				19. _____ in this work		26. Total time (years) spent

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
 28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
 29. If stillborn, period of gestation nine months or weeks 30. Cause of stillbirth albuminuria  
 Before labor \_\_\_\_\_ During labor ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 7 A m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Mason, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

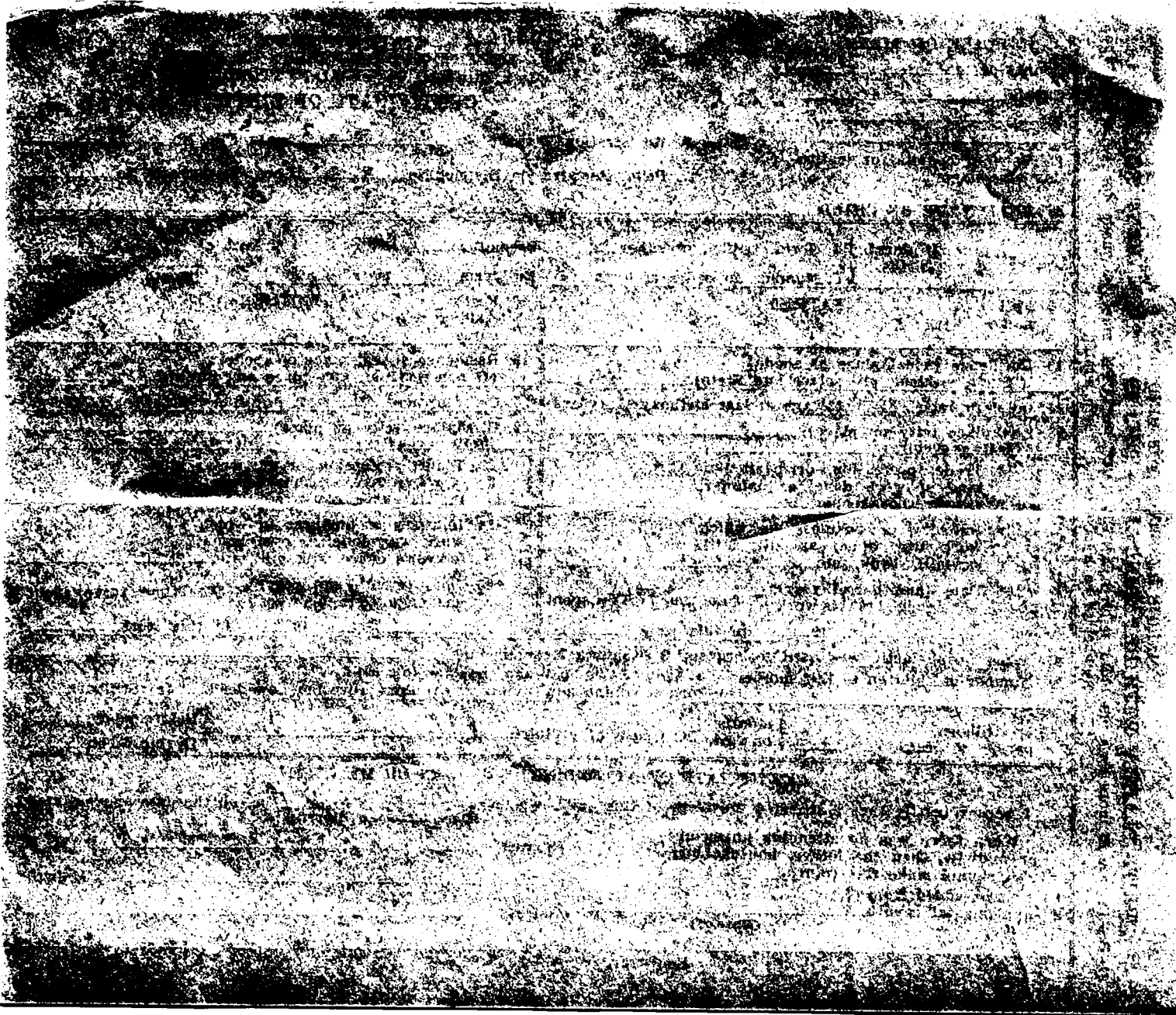
(Date of) \_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 20, 1935 Mr. Helen M. Bird

Registrar.

Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

AUG 12 1935 RECEIVED

## PLACE OF DEATH

County of Shoshone  
City of Kellogg

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 94709Local Registrar's No. 43

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Schreiber

(a) Residence. No. .... St. ....

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days July 30 - 1935  
If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg  
(State or country)

13. NAME H. J. Schreiber

14. BIRTHPLACE (city or town) Kellogg  
(State or country)

15. MAIDEN NAME Katherine Cook

16. BIRTHPLACE (city or town) Russia  
(State or country)

17. INFORMANT H. J. Schreiber  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Endicott, Wash. Date Aug 6, 1935

19. UNDERTAKER R. L. Stout  
(Address)

20. FILED Aug 10, 1935 Dr. J. H. Mason  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 1935, to ..... , 1935.

I last saw h.... alive on ..... , 1935; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) J. H. Mason, M. D.

(Address) Kellogg, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

969-105 040-194

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

235653

1. PLACE OF BIRTH  
County of Shoshone  
City of Wallace  
No. 1000 St. Pandora

AUG 19 1935 RECEIVED

(If born in hospital or institution give name.)

Registration District No. 70 State File No. 1011  
Prim. Registration District No. 1011 Local Registrar's No. 4

2. FULL NAME OF CHILD Baby William Borst

3. Sex M If plural births } 4. Twin, triplet, or other ..... 6. Premature yes 7. Legitimate? yes 8. Date of birth June 5 1935  
5. Number, in order of birth 1 Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER William Borst  
10. Residence (usual place of abode) Wallace  
(If non-resident, give place and State)  
11. Color or race W. 12. Age at last birthday 33 (years)  
13. Birthplace (city or place) Cuscha Utah  
(State or country) Mar. 2 - 1901

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....  
16. Date (month and year) last engaged in this work Made in relief 1935  
17. Total time (years) spent in this work last month

18. Full maiden name MOTHER Pauline Armoni  
19. Residence (usual place of abode) Wallace  
(If non-resident, give place and State)  
20. Color or race W. 21. Age at last birthday 24 (years)  
22. Birthplace (city or place) Genoa Italy  
(State or country) Jan. 13 - 1911

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....  
25. Date (month and year) last engaged in this work at present 1935  
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth Breech Presentation  
in utero Before labor yes  
During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 12:45 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report

(Date of)

Registrar.

(Signed) James H. Dean, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Aug. 10 1935 John B. Dean Registrar.

ORIGINAL

RECEIVED

*[Handwritten signature]*  
*[Handwritten signature]*

RECEIVED

RECEIVED  
JAN 10 1964  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**JUL 3 1935 RECEIVED**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **94325**

PLACE OF DEATH  
County of **Goodhue**  
City of **Wallace**

Registration District No. **70**Primary Registration District No. **1011**Local Registrar's No. **56**

(No. **Residence Map**)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Wm Arthur Zoret**(a) Residence. No. **Wallace** St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word) **Single**

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) **June 5 - 1935**

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
**0 0 0**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Wallace** (State or country) **Ida.**13. NAME **William Zoret**14. BIRTHPLACE (city or town) **Utah** (State or country)15. MAIDEN NAME **Pauline Arman**16. BIRTHPLACE (city or town) **Italy** (State or country)17. INFORMANT (Address) **Wm Zoret, Wallace Ida**18. BURIAL, CREMATION OR REMOVAL Place **Wallace Ida** Date **June 7, 1935**19. UNDERTAKER (Address) **J. A. Buer (Wallace Ida)**20. FILED **June 6, 1935** **John Buer** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **June 5 1935**22. I HEREBY CERTIFY, That I attended deceased from ..... 193....., to **June 5**....., 193.....I last saw h.... alive on ..... 193.....; death is said to have occurred on the date stated above, at **7:15 P**.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

**Still born** **2:15 Pm**

Other contributory causes of importance

**Specch Presentation Primipara**

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury...193.....

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) **James R. Bean**....., M. D.

(Address) .....



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of Washington  
City of Weiser  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

Prim. Registration District No. 2/12Local Registrar's No. 422. FULL NAME OF CHILD No name

3. Sex

Male

If plural births

4. Twin, triplet, or other 16. Premature X

7. Legiti-

8. Date of birth

June 18, 1935  
(Month, Day, Year)

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

maternal

9. Full name

FATHER

Ray Houston

18. Full maiden name

MOTHER

Elsie Denny

10. Residence (usual place of abode)

(If non-resident, give place and State) Ida

19. Residence (usual place of abode)

(If non-resident, give place and State) Ida11. Color or race White12. Age at last birthday 4.8 (years)20. Color or race White21. Age at last birthday 3.2 (years)13. Birthplace (city or place) Ohio

(State or country)

22. Birthplace (city or place) Idaho

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

19. \_\_\_\_\_

in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

19. \_\_\_\_\_

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag Nox

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation

6 mo

months or weeks

30. Cause of stillbirth

Not knownBefore labor yes  
During labor yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 3:40 m. on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. Marshall, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report

(Date of)

Address

Weiser

Filed

Sept 3

1935

Emma Havelly  
Registrar.

Registrar.

SECRET

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SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

NO  
DO

432-224100-814

1. PLACE OF BIRTH  
County of Ada  
City of Boise Idaho  
No. St. Raphael's Hosp. St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
235812

Registration District No. 2 State File No. \_\_\_\_\_  
Prim. Registration District No. 1004 Local Registrar's No. 562

2. FULL NAME OF CHILD

3. Sex M. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth 1 }  
6. Premature Yes 7. Legitimate? Yes 8. Date of birth 9-24-1935  
(Month, Day, Year)

9. Full name FATHER Frank L. McFinnia  
10. Residence (usual place of abode) 2012 W. 11th St. Boise Idaho  
(If non-resident, give place and State) Boise Idaho  
11. Color or race W. 12. Age at last birthday 36 (years)

13. Birthplace (city or place) \_\_\_\_\_ (State or Country) Kansas  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self  
16. Date (month and year) last engaged in this work To date, 1935  
17. Total time (years) spent in this work 3 mo.

18. Full maiden name MOTHER Paula Lambert  
19. Residence (usual place of abode) 2012 W. 11th St. Boise Idaho  
(If non-resident, give place and State) Boise Idaho  
20. Color or race W. 21. Age at last birthday 30 (years)  
22. Birthplace (city or place) \_\_\_\_\_ (State or Country) Missouri  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
25. Date (month and year) last engaged in this work To date, 1935  
26. Total time (years) spent in this work 12 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks }  
30. Cause of Stillbirth \_\_\_\_\_ { During labor. Before labor. }

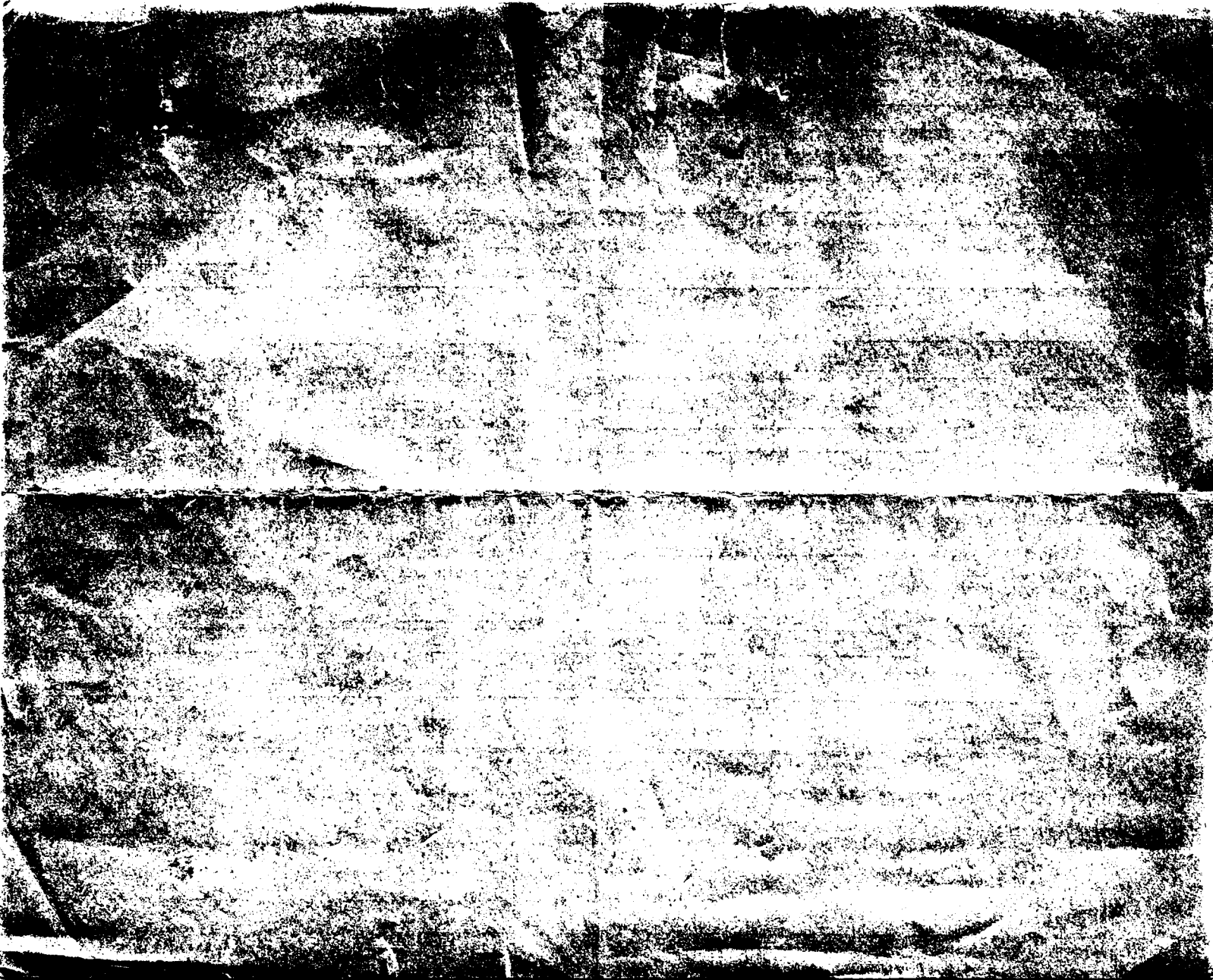
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) H. E. Dykeman, M. D.  
or \_\_\_\_\_, Midwife  
Address Boise, Idaho  
Filed 9/30/35, 1935 L. J. Sharp  
Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of AdaCity of Boise

STATE OF Idaho

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. S. Alphonsus Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 2882. FULL NAME Infant Mr. Dennis(a) Residence. No. 2012 North 18<sup>th</sup> St.(Usual place of abode)  
(If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Still born

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
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## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Boise, Id.  
(State or country)

## MOTHER FATHER

13. NAME Frank L. W. Dennis14. BIRTHPLACE (city or town) Id.  
(State or country)15. MAIDEN NAME Fay Hansen16. BIRTHPLACE (city or town) Id.  
(State or country)17. INFORMANT Frank L. W. Dennis  
(Address)18. BURIAL CREMATION OR REMOVAL Boise  
Place Mountain View Date 9-25 193519. UNDERTAKER Schneider & Co.  
(Address)20. FILED 9/30, 1935 Robert Sharp  
Registrar

DO NOT WRITE IN THIS SPACE

95201

State File No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-24 193522. I HEREBY CERTIFY, That I attended deceased from Stillbirth, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_I last saw him alive on \_\_\_\_\_, 193\_\_\_\_; death is said to have occurred on the date stated above, at 132 P. m.  
The principal cause of death and related causes of importance were as follows:Prematurity

Date of onset

Other contributory causes of importance:

Acute HydramniosisName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so specify \_\_\_\_\_(Signed) H. E. Redman, M. D.(Address) Boise, Ida.

STATEMENT OF OCCUPATION

Occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

1. **PLACE OF BIRTH**  
 County of Cassia  
 City of Council Bluffs  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If born in hospital or institution give name.)  
 Registration District No. 71 State File No. \_\_\_\_\_  
 Prima Registration District No. \_\_\_\_\_ Local Registrar's No. 291

2. **FULL NAME OF CHILD** Baby Pearl Stiller

3. Sex Female If plural births { 4. Twin, triplet, or other. 0 5. Number, in order of birth 0 6. Premature. 0 7. Legitimate? ye 8. Date of birth 9-25-1935 (Month, Day, Year)

9. Full name Lynn R. Preece **FATHER** 18. Full maiden name Vivian Hamilton **MOTHER**  
 10. Residence (usual place of abode) Council Bluffs 19. Residence (usual place of abode) Council Bluffs  
 (If non-resident, give place and State) (If non-resident, give place and State)  
 11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 23 (years)  
 13. Birthplace (city or place) W.C. Ky. Ind 22. Birthplace (city or place) Colorado  
 (State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. fruit orchard 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
 16. Date (month and year) last engaged in this work 9-25-19 17. Total time (years) spent in this work \_\_\_\_\_  
 25. Date (month and year) last engaged in this work 9-25-19 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag 3  
 28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks 30. Cause of stillbirth { Before labor Difficult  
 During labor Difficult

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn)  
 When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
 Registrar.

(Signed) Alvin S. Thurston, M. D.  
 or \_\_\_\_\_, Midwife  
 Address Council Bluffs  
 Filed 9/29/1935, 1935 DR. ALVIN S. THURSTON  
COUNCIL, IDAHO Registrar.

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

S  
 235891

(Date of)

Registrar.

(Signed)

or

Address

Filed

(Born Alive or Stillborn)

Before labor  
 During labor

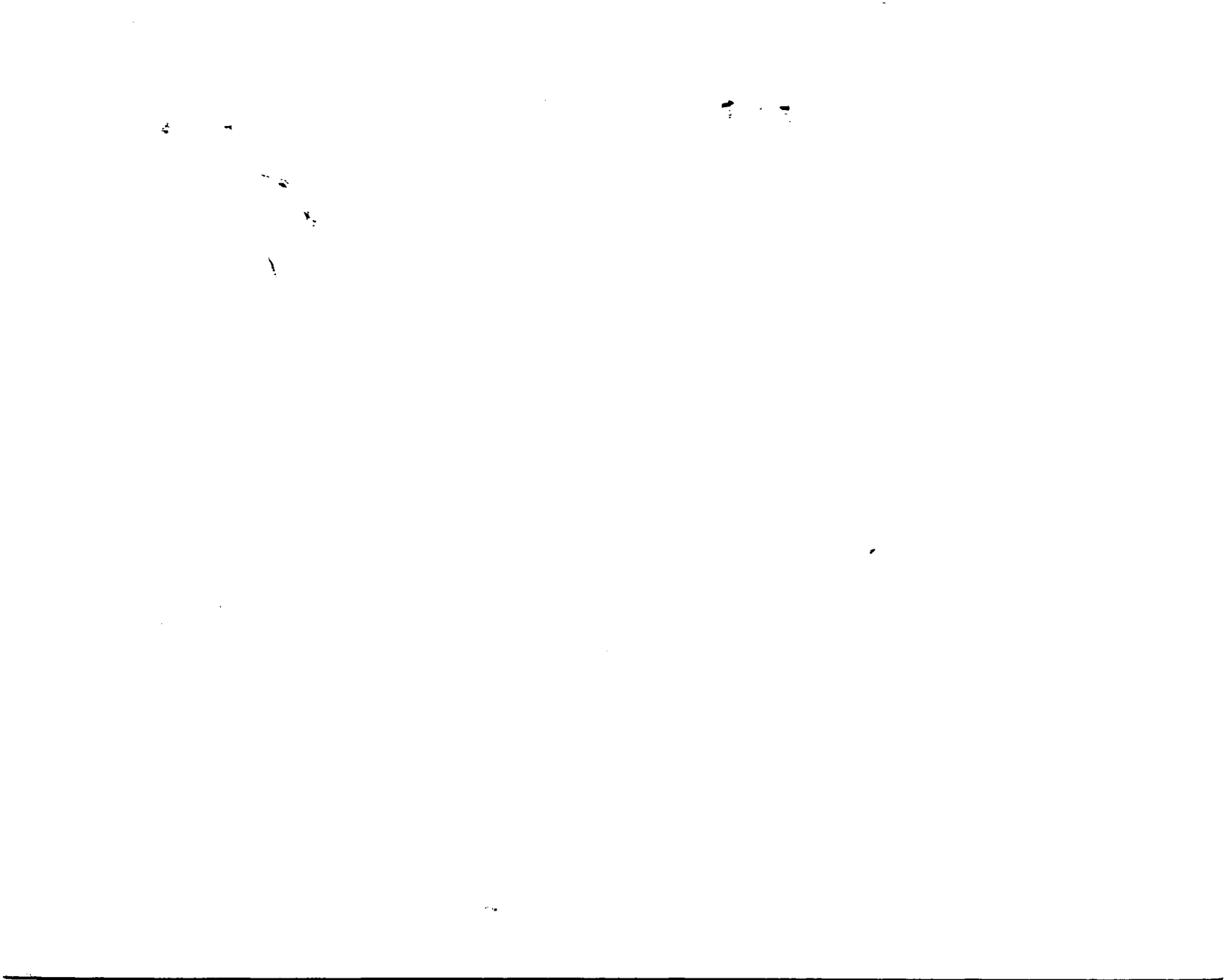
m. on the date above stated.

DR. ALVIN S. THURSTON

COUNCIL, IDAHO

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1935 RECEIVED

## PLACE OF DEATH

County of Adams  
City of Council Bluffs

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

95210  
State File No.

Registration District No. 71

Primary Registration District No. ....

Local Registrar's No. 106

(No. ....)  
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Baby Pollock

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX ..... 4. Color or Race ..... 5. Single, Married, Widowed or Divorced (write the word) .....

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-25-35

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (mo. and yr.) .....  
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

13. NAME Lynn R. Pollock14. BIRTHPLACE (city or town) (State or country) Michigan15. MAIDEN NAME Vivian Hamilton16. BIRTHPLACE (city or town) (State or country) Colorado17. INFORMANT Father (Address) .....

18. BURIAL, CREMATION OR REMOVAL  
Place. Catholic Cemetery Date 9-25, 1935

19. UNDERTAKER Family (Address) .....20. FILED OCT 10 1935

DR. ALVIN S. THURSTON  
COUNCIL IDAHO  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-25 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to ..... 193....

I last saw h.... alive on ..... 193....; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Stillborn  
Date of onset .....

was not attended until 10 minutes after birth

Other contributory causes of importance: .....

unknown  
probably asphyxiated by amniotic fluid

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? C Date of injury... 1935Where did injury occur? C (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. CManner of injury CNature of injury C24. Was disease or injury in any way related to occupation of deceased Yes

(Signed) Alvin S. Thurston M. D.  
(Address) Council Bluffs

OCT 10 1935

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

125-037-155  
PLACE OF BIRTH Barnes **SEP 12 1935 RECEIVED** STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** **235947** **S**

County of Downey City of Downey No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 83 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2160 Local Registrar's No. 65

2. FULL NAME OF CHILD \_\_\_\_\_

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug-25-1935</u> (Month, Day, Year)
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9. Full name <u>Geroy William Barnes</u>	FATHER	18. Full maiden name <u>Hannah Jensen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Downey, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Downey, Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>40</u> (years)
13. Birthplace (city or place) (State or Country) <u>Downey, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Hyrum, Utah</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Odd jobs</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

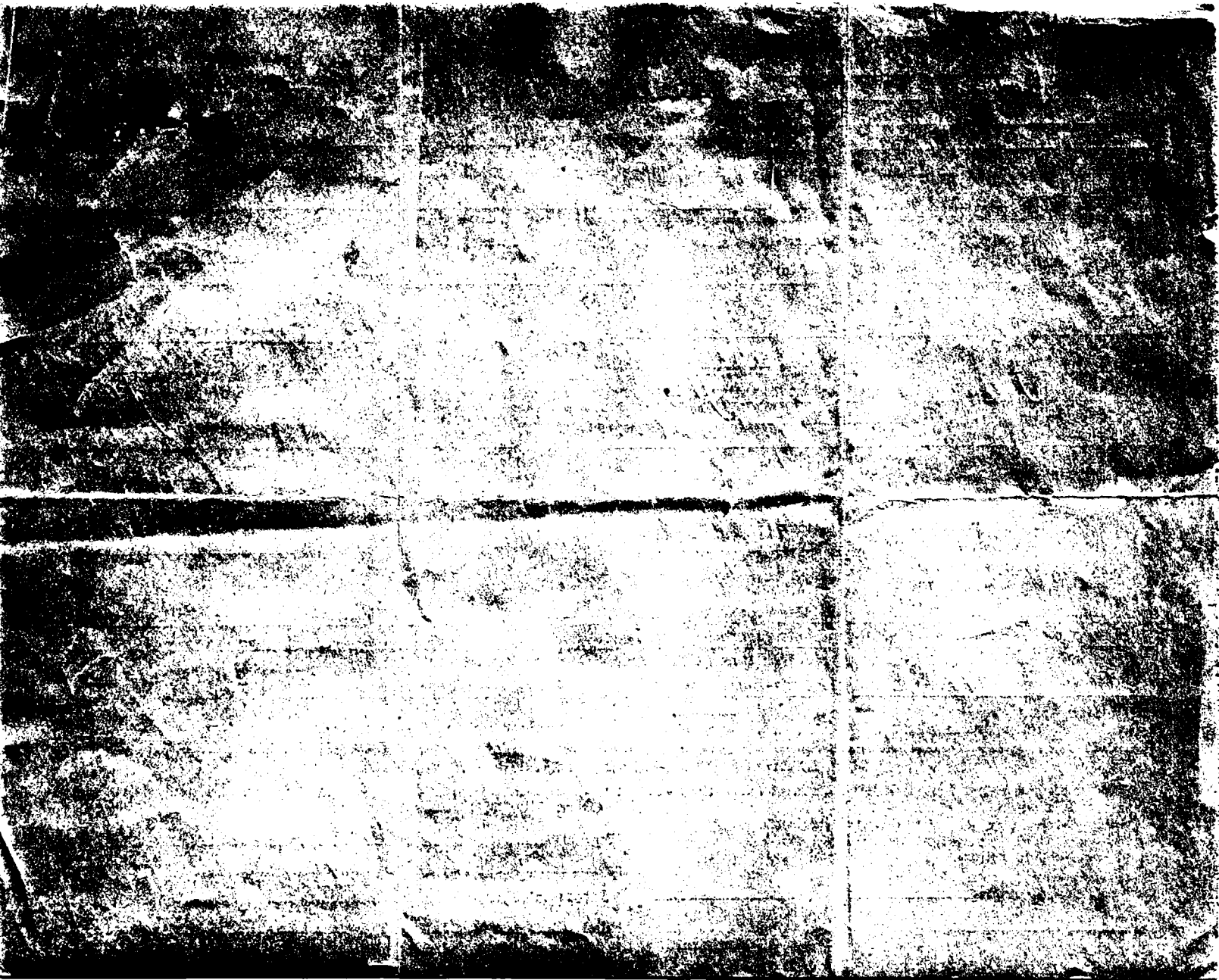
27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) Six  
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Thirty two { months or weeks } 30. Cause of stillbirth Toxic { Before labor yes During labor yes }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was Chill (born) at 4 P. m. on the date above stated.  
(Born alive or stillborn)  
(Signed) J. J. Washington, M. D.  
or \_\_\_\_\_  
Address 307 N. Main Pocatello Idaho  
Filed Sept-10-, 1935 Mary C. Higgins Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar,



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. **PLACE OF DEATH**  
County of Bannock  
City of Bowney

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 28  
Primary Registration District No. 2160  
(No. .... St.)

95223

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

File No. ....  
Registered No. 10

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED  
(Write the word.)

6. DATE OF BIRTH  
August - 25 - 1935  
(Month) (Day) (Year)

7. AGE  
.....Yrs. ....Mos. ....ds. IF LESS than 1 day  
how many.....hrs.  
or.....min.?

8. OCCUPATION  
(a) Trade, profession or particular kind of work.....  
(b) General nature of industry, business or establishment in which employed (or employer).....

9. BIRTHPLACE  
(State or Country) Bowney, Idaho.

10. NAME OF FATHER Leroy William Bomer

11. BIRTHPLACE OF FATHER  
(State or Country) Bowney, Idaho

12. MAIDEN NAME OF MOTHER Hannah Jensen.

13. BIRTHPLACE OF MOTHER  
(State or Country) Hypnum, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....

15. Filed August 17, 1935 - Mary C. Coff  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
August - 25 - 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH\* was as follows:  
Still Birth  
Thirty two weeks gestation

..... (Duration) ..... Yrs. .... mos. .... ds.

Contributory  
(Secondary) .....

..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) J. P. Hartigan, M. D.

9-16-1935 (Address) Bowney, Idaho

\*State the Disease Causing Death; or in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs. .... mos. .... days. In the State..... yrs. .... mos. .... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
..... 19.....

20. UNDERTAKER ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

553-1681-009 OCT 9 1935 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 236043

1. PLACE OF BIRTH  
County of Canner  
City of Calhoun, Ind.  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 78 State File No. \_\_\_\_\_

Prim. Registration District No. 2155 Local Registrar's No. 292

2. FULL NAME OF CHILD Stillbirth Nettingham

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legiti-	8. Date of birth <u>Sept 8 1935</u> (Month, Day, Year)
				Full term <u>yes</u>	mate? <u>yes</u>	

9. Full name <u>Charles Nettingham</u>	FATHER	18. Full maiden name <u>Bernice Vaughn</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Calhoun, Ind.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Calhoun, Ind.</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) (State or country) <u>Lawrence, Kansas</u>		22. Birthplace (city or place) (State or country) <u>Lawrence, Mo.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>self</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent last engaged in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent last engaged in this work
19. _____	In this work <u>8 yrs</u>	19. _____	In this work <u>8 yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) 4  
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 { months or weeks } 30. Cause of stillbirth detritus { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 p.m. on the date above stated.  
(Name, Title, Signature)

(Signed) Wm F. Tyler, M. D.  
or \_\_\_\_\_ Midwife

Address Sandpoint, Idaho  
Oct-1- Filed Oct 1, 1935 L. B. Evans  
Regist. C. E. Registrar.

When there was no attending physician { or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report. \_\_\_\_\_ (Date of) \_\_\_\_\_



UNITED STATES OF AMERICA

IN SENATE

January 1, 1900

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

AND

FOR THE YEAR 1900

AND

FOR THE YEAR 1901

AND

FOR THE YEAR 1902

AND

FOR THE YEAR 1903

AND

FOR THE YEAR 1904

AND

FOR THE YEAR 1905

AND

FOR THE YEAR 1906

AND

FOR THE YEAR 1907

AND

FOR THE YEAR 1908

AND

FOR THE YEAR 1909

AND

FOR THE YEAR 1910

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 9 1935 RECEIVED

## PLACE OF DEATH

County of BannerCity of ColburnSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. ....

Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE

95272

State File No. ....

Local Registrar's No. 178

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Nottingham(a) Residence. No. Colburn St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX  
4. Color or Race white  
5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) stillborn Idaho

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Colburn (State or country) Idaho13. NAME Charles Nottingham

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bernice Vought16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT Ed. Vought (Address) Landpoint Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Landpoint Date 9/9, 193519. UNDERTAKER Turner & Co. (Address) Idaho20. FILED 9-9, 1935 J. H. Granger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 8 193522. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935, to Sept 8, 1935.I last saw h. alive on, 1935. death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Date of onset

Still birth, 9 mo. fetus  
Did before labor.(Cause not known)  
Other contributory causes of importance:  
Premature separation  
of placentaName of operation..... Date of noWhat test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so specify(Signed) J. H. Granger M. D.(Address) Landpoint Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## PLACE OF BIRTH

County of Canyon  
 City of Houston, Idaho  
 No. \_\_\_\_\_ St. \_\_\_\_\_

OCT 11 1935

RECEIVED

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

S

236132

## CERTIFICATE OF BIRTH

Registration District No. 1 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2005 Local Registrar's No. 226

## 2. FULL NAME OF CHILD

still born

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? ☒ 8. Date of birth Sept. 15, 1935  
 5. Number, in order of birth \_\_\_\_\_ Full term ☒ (Month, Day, Year)

9. Full name FATHER Oscar Hausman 18. Full maiden name MOTHER Juanita Fodge

10. Residence (usual place of abode) Houston 19. Residence (usual place of abode) Houston  
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 41 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Bedford, Nebraska 22. Birthplace (city or place) Keosauqua, Iowa  
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ☒

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 mo. { months or weeks \_\_\_\_\_ 30. Cause of stillbirth detachment of placenta { Before labor ☒ During labor ☒

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

(Signed) M. C. H. Whittenberger D.D., M.D.

or \_\_\_\_\_, Midwife

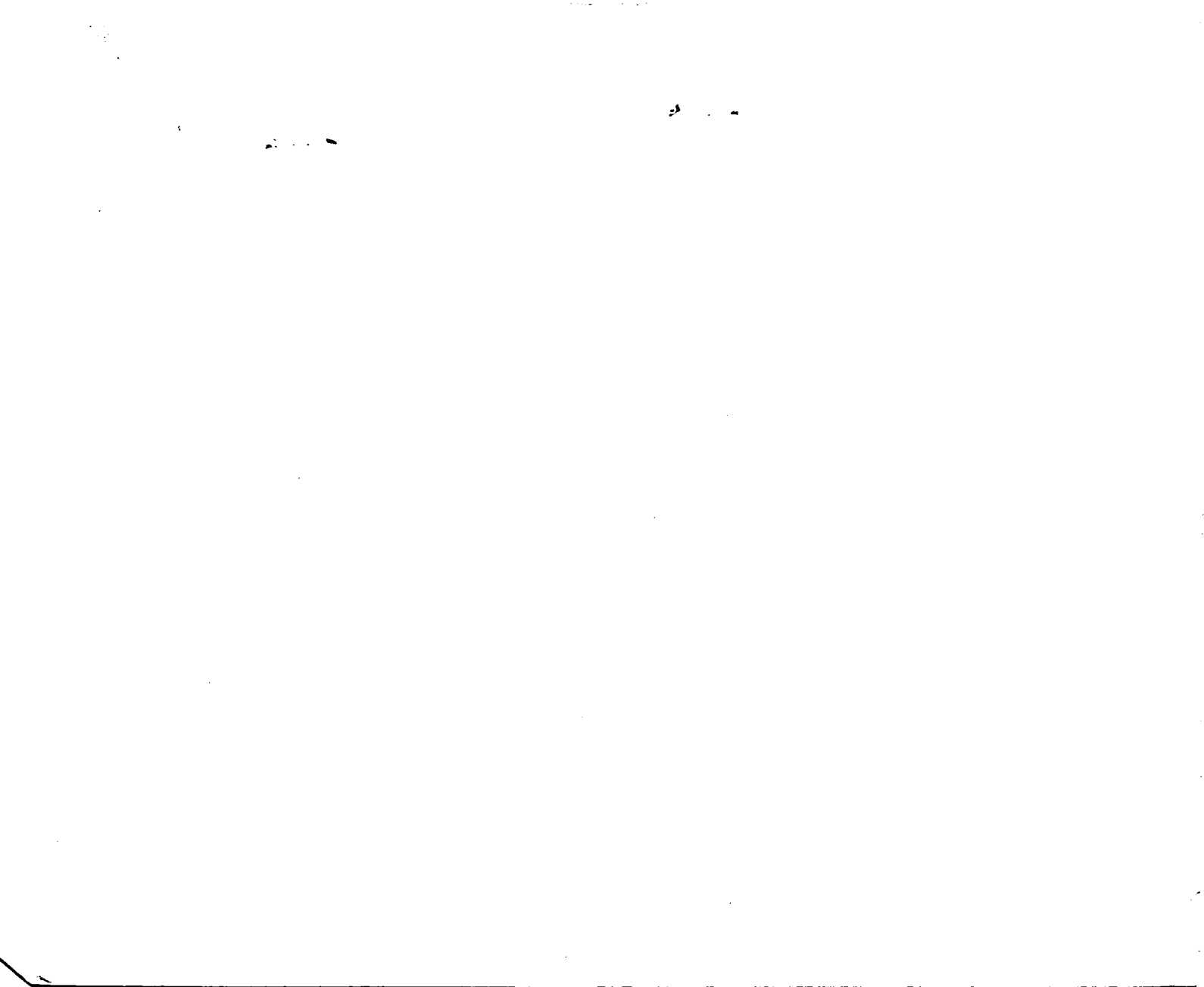
Address Caldwell, Idaho

Filed 10-8, 1935 M. C. H. Whittenberger

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>	City of <u>Huston, Idaho</u>	CERTIFICATE OF DEATH		<div style="text-align: center;">95295</div> State File No. _____	
Registration District No. _____		Primary Registration District No. <u>2005</u>		Local Registrar's No. <u>109</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Nauman</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>0</u> yrs. <u>0</u> mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>none</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept 15, 1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Huston, Idaho</u>					
FATHER	13. NAME <u>Oscar Nauman</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Thedford, Nebraska</u>				
MOTHER	15. MAIDEN NAME <u>Henretta Rollwagen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				
17. INFORMANT (Address) <u>Dr. C. R. Whittenberger</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Home</u> Date <u>Sept 15, 1935</u>					
19. UNDERTAKER <u>Oscar Nauman</u> (Address) <u>Huston, Idaho</u>					
20. FILED <u>10-14-35</u> , 193 <u>5</u> <u>Indm. Gannoy</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 10, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to _____, 1935.					
I last saw her alive on _____, 1935; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Probably placenta had been dislodged from uterus. Baby's skin was estimated. Baby and placenta secured before arrested mother (pre-clampic). Examined mother Sept. 14. Albumen +++ Sugar +++ Blood pressure 120 - 200 S. Pulse 120</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis <u>Chlamy</u> as there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1935.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify <u>None</u>					
(Signed) <u>C. R. Whittenberger</u> M. D.					
(Address) <u>Caldwell, Idaho</u>					

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other CONTRIBUTORY CAUSES of importance:**

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

791-202-014-294

1. PLACE OF BIRTH **OCT**  
County of Campan  
City of Hustons R#2  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 1 State File No. 236134

(If born in hospital or institution give name.) Prim. Registration District No. 2002 Local Registrar's No. 231

2. FULL NAME OF CHILD Stillborn Gragg

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>Oct 2</u> , 193 <u>5</u> (Month, Day, Year)
9. Full name <u>Clarence Everett Gragg</u>		18. Full maiden name <u>Hazel Manila Kimbrell</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hustons R#2</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hustons R#2</u>		
11. Color or race <u>white</u>		20. Color or race <u>white</u>		21. Age at last birthday <u>37</u> (years)
12. Age at last birthday <u>38</u> (years)		22. Birthplace (city or place) (State or Country) <u>Castle Gate, Utah</u>		
13. Birthplace (city or place) (State or Country) <u>Missouri</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____
16. Date (month and year) last engaged in this work _____, 19____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>10 neosilver</u>		
17. Total time (years) spent in this work _____		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>		
29. If stillborn, period of gestation <u>9 mo.</u> { months or weeks		30. Cause of stillbirth <u>Birth impossible presentation</u>		Before labor <u>✓</u> During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 P. m. on the date above stated.  
(Born Alive or Stillborn)

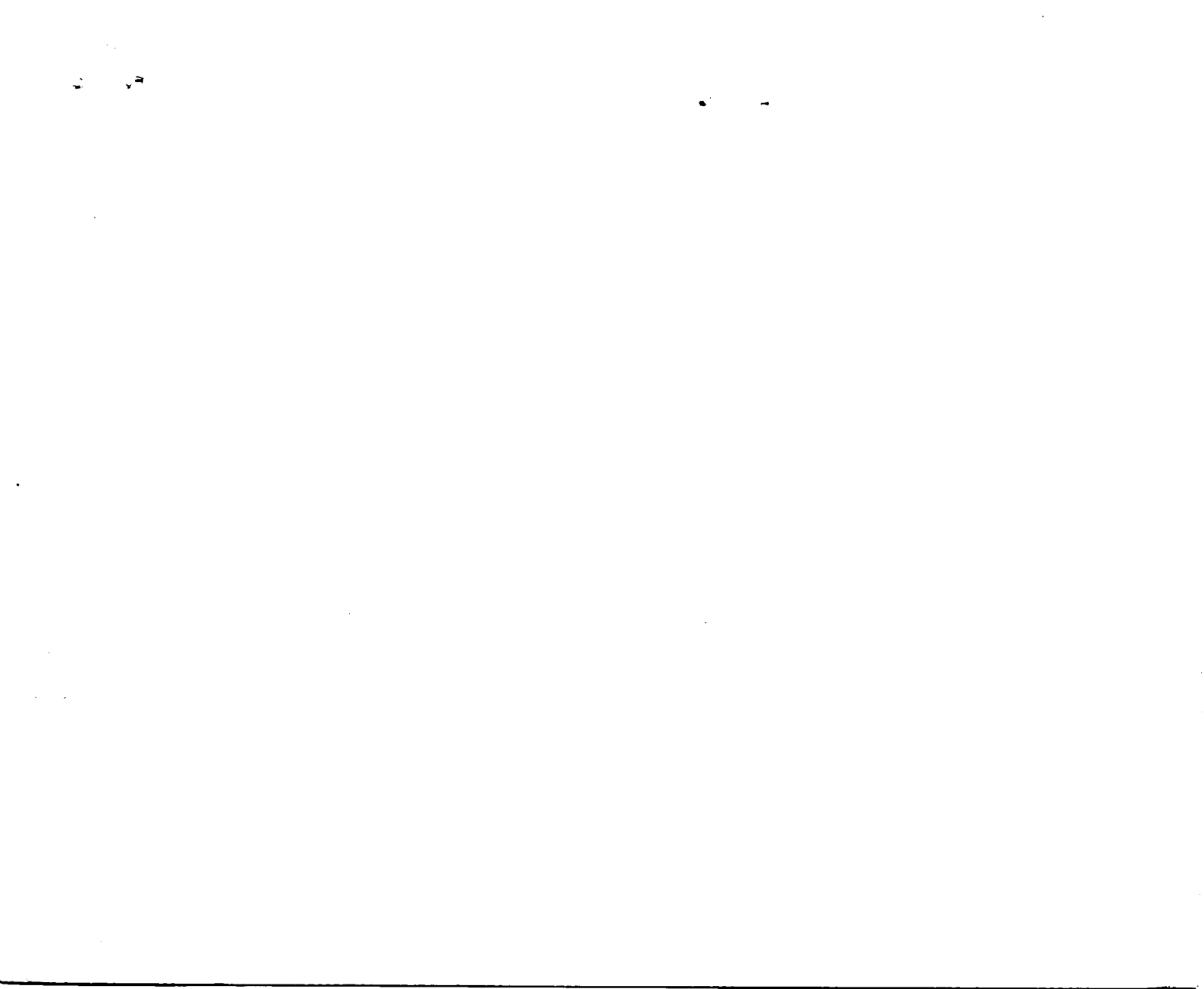
(Signed) E. R. Whittenberger, D.O., M.D.  
or \_\_\_\_\_, Midwife

Address Guldwell, Idaho

Filed 10-8-, 1935 Montgomery  
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.





MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH  
County of Canyon  
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 1  
Primary Registration District No. 2005 Local Registrar's No. 107

DO NOT WRITE IN THIS SPACE  
**95281**  
State File No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Baby) Gregg Stillborn

(a) Residence. No. Guest H. Idaho St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Oct 2 - 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Caldwell Idaho (State or country)

13. NAME C. E. Gregg

14. BIRTHPLACE (city or town) Missouri (State or country)

15. MAIDEN NAME Wazel Kimbrough

16. BIRTHPLACE (city or town) Utah (State or country)

17. INFORMANT C. E. Gregg (Address) Guest H. Idaho

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date Oct 3, 1935

19. UNDERTAKER C. E. Beckham (Address) Caldwell Idaho

20. FILED 10-4-35, 1935 W. H. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193..., to Oct 2, 1935.

I last saw him alive on \_\_\_\_\_, 193...; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset Probably about Sept 30.

Spontaneous abortion.

S. B. P. breech presentation.

Descent and rotation hindered.

Podalic extraction.

No pulse in Cord (umbilical)

Upper rotation and extraction.

Name of operation Podalic extraction Date Oct 2, 1935

What test confirmed diagnosis clinical Was there an autopsy?...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193... Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) C. R. Whittenburger M. D.  
(Address) Caldwell, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

949-122014 2664

1. PLACE OF BIRTH

County of.....Canyon

City of.....Nampa

No. 720 15th Ave. So.

(If born in hospital or institution give name.)

Registration District No. 7 State File No.

Prim. Registration District No. 1206 Local Registrar's No. 261

2. FULL NAME OF CHILD

Carlos Rene Ruiz

3. Sex male 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 8 months 7. Legitimate 8. Date of birth Sept. 22 1935 (Month, Day, Year)

9. Full name FATHER Fred Ruiz

10. Residence (usual place of abode) 720 15th Av. So. (If non-resident, give place and State)

11. Color or race 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Las Cruces, New Mex. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc

16. Date (month and year) last engaged in this work 17. Total time (years) spent

19. in this work

18. Full maiden name MOTHER Clotilde Jennings Fountain

19. Residence (usual place of abode) 720 15 A. So. (If non-resident, give place and State)

20. Color or race 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Roswell, New Mexico (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc

25. Date (month and year) last engaged in this work 26. Total time (years) spent

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nee Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, 8 mos. period of gestation 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was DEAD at 10:15 A.M. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

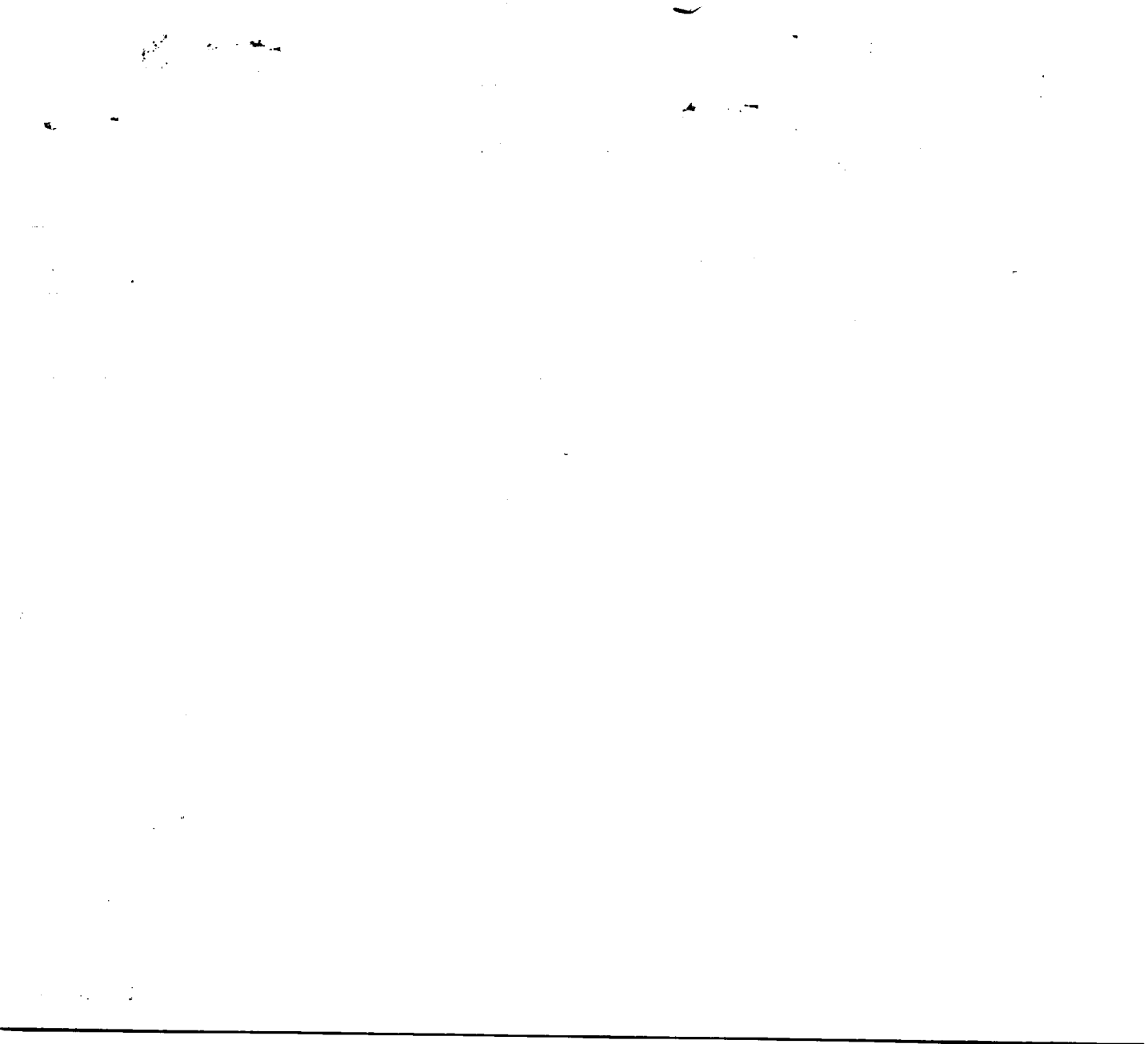
Registrar.

(Signed) Samuel D. Swartz, M. D.

or Midwife

Address Nampa Idaho

Filed Oct-4 1935 Lydia Rodgers Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT-10-1935 RECEIVED  
PLACE OF DEATH

County of Canyon

City of Nampa

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 7

Primary Registration District No. 1006

(No. 720-15 Ave So.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Son of Mr. & Mrs. Fred Ruiz

(a) Residence. No. 720-15 Ave. South

(Usual place of abode)

St. \_\_\_\_\_

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Sept 22nd. 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

13. NAME Fred Ruiz

14. BIRTHPLACE (city or town) Atlix Craxus (State or country) Mexico

15. MAIDEN NAME Clotilde Fountain

16. BIRTHPLACE (city or town) Messilla (State or country) Mexico

17. INFORMANT Clotilde Fountain (Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL Place Catholic Cem. Date 9/23, 1935

19. UNDERTAKER Thos M. Kelly (Address) Nampa Idaho

20. FILED Sept. 1935 Lyla Rodgers Registrar

DO NOT WRITE IN THIS SPACE

95302

State File No. \_\_\_\_\_

Local Registrar's No. 158

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/22 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1935, to Sept. 22, 1935.

I last saw him alive on \_\_\_\_\_, 193...; death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Dead before birth

Premature separation of the Placenta

Other contributory causes of importance:

Prematurity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193... Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify \_\_\_\_\_ (Signed) Samuel A. Swaine M. D. (Address) Nampa, Id.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Banyon</u> City of <u>Montpa</u> No. <u>137</u> St. <u>W. W. W. W.</u>		OCT 10 1935 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 236182		S	
(If born in hospital or institution give name.)		Registration District No. <u>7</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Clara Dennis (Bonadent)</u>		Prim. Registration District No. <u>2096</u>		Local Registrar's No. <u>270</u>	
3. Sex <u>female</u>	4. Twin, triplet, or other <u>✓</u>	5. Number, in order of birth <u>✓</u>	6. Premature <u>✓</u>	7. Legitimate <u>✓</u>	8. Date of birth <u>9/21, 1935</u> (Month, Day, Year)
9. Full name <u>F. P. Dennis</u>	FATHER		18. Full maiden name <u>Virginia Bonadent</u>		MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpa</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpa</u>		20. Color or race <u>W</u>		21. Age at last birthday (years) _____
11. Color or race <u>W</u>	12. Age at last birthday (years) _____		22. Birthplace (city or place) (State or country) <u>Kansas</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
13. Birthplace (city or place) (State or country) <u>Calo</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		18. Total time (years) spent in this work _____		19. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ months or weeks _____					
30. Cause of stillbirth _____ Before labor _____ During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Clara Dennis m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lyda Rodgers, M. D.

or \_\_\_\_\_, Midwife

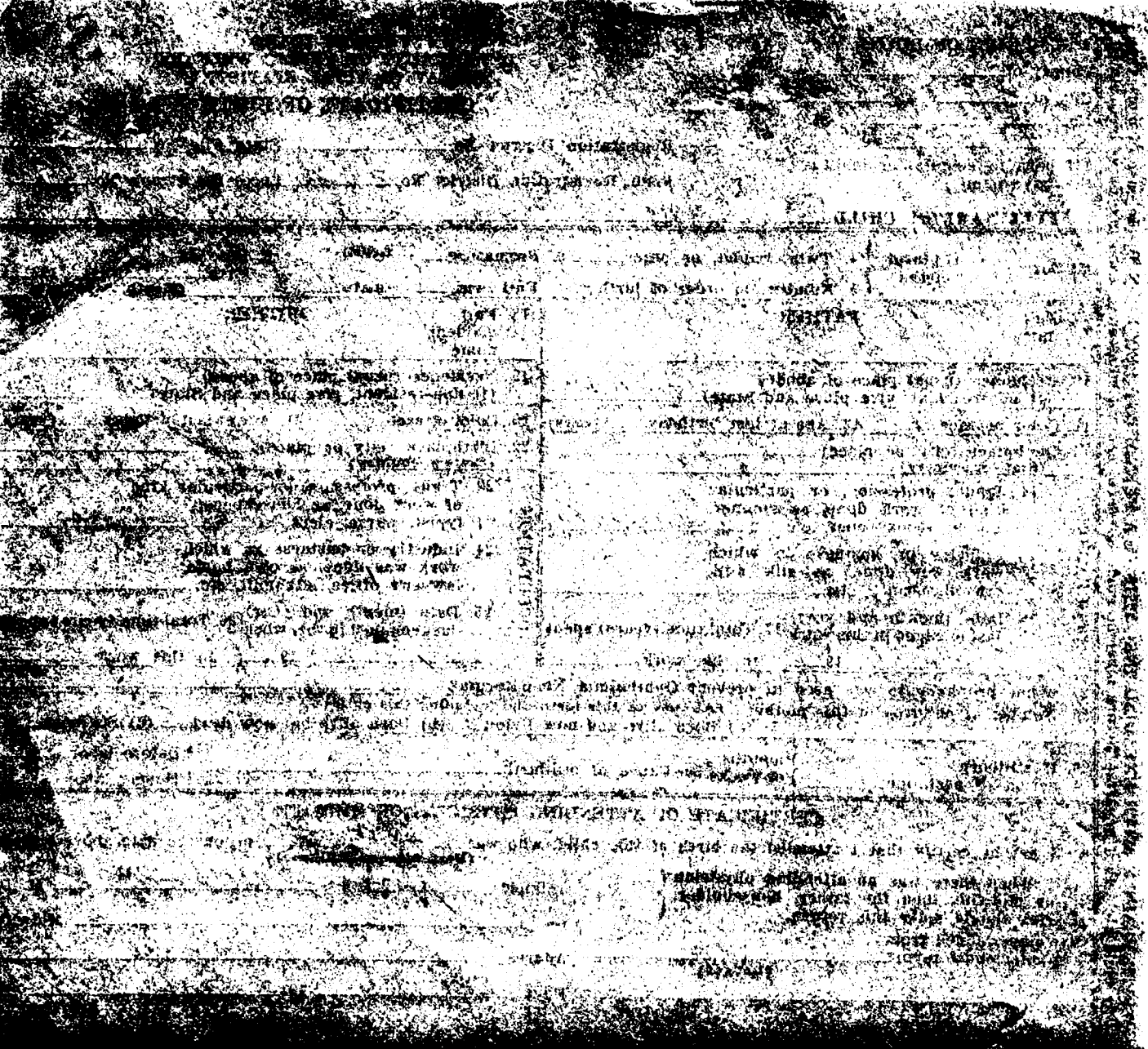
Address Montpa, Idaho

Filed Oct 5, 1935 Lyda Rodgers

Registrar.

Registrar.





M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1935  
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

PLACE OF DEATH  
 County of Canyon  
 City of Nampa

Registration District No. 7

Primary Registration District No. 2006

DO NOT WRITE IN THIS SPACE  
**95304**  
 State File No. \_\_\_\_\_

Local Registrar's No. 168

(No. Mercy Hospital)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Dennis

(a) Residence. No. Nampa Rt 7

(Usual place of abode) \_\_\_\_\_ St. \_\_\_\_\_  
 (If nonresident give city or town and state)  
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-21-35

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
✓ ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

13. NAME F. P. Dennis

14. BIRTHPLACE (city or town) Colo. (State or country)

15. MAIDEN NAME Virginia Hunsinger

16. BIRTHPLACE (city or town) Kan. (State or country)

17. INFORMANT F. P. Dennis (Address) Nampa, Ida Rt 7

18. BURIAL, CREMATION OR REMOVAL  
 Place Nampa, Ida Date 9-22-1935

19. UNDERTAKER F. H. Peterson (Address) Nampa, Ida

20. FILED Sept 30 1935 L. H. Rodgers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 9-21-1935

22. I HEREBY CERTIFY That I attended deceased from 9-21, 1935, to 9-21, 1935

I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Still born and had been dead for days.

Other contributory causes of importance:  
Water broke several days before labor and baby strangled baby.

Name of operation ..... Date of .....  
clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury, 193...

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Armed Belhus, M. D.  
 (Address) Nampa, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

236278

1. PLACE OF BIRTH  
 County of Franklin  
 City of Fairview  
 No. \_\_\_\_\_ St. \_\_\_\_\_

OCT 14 1935 RECEIVED

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Registration District No. 27 State File No. \_\_\_\_\_  
 (If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 76

## 2. FULL NAME OF CHILD

Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature X 7. Legitimate? Yes 8. Date of birth Sept 2, 1935  
 (Month, Day, Year)

9. Full name FATHER Wm Theo Lockyer 18. Full maiden name MOTHER Ada Jamerson

10. Residence (usual place of abode) Logan Utah 19. Residence (usual place of abode) Logan Utah  
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (years) 20. Color or race W 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Blackfoot Idaho 22. Birthplace (city or place) Preston Idaho  
 (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____ 19. _____		25. Date (month and year) last engaged in this work _____ 19. _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% AgNO<sub>3</sub>

28. Number of children of this mother \_\_\_\_\_ (At time of this birth and including this child)  
 (a) Born alive and now living 0 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 8 mos { months or weeks 30. Cause of stillbirth ? { Before labor ✓ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

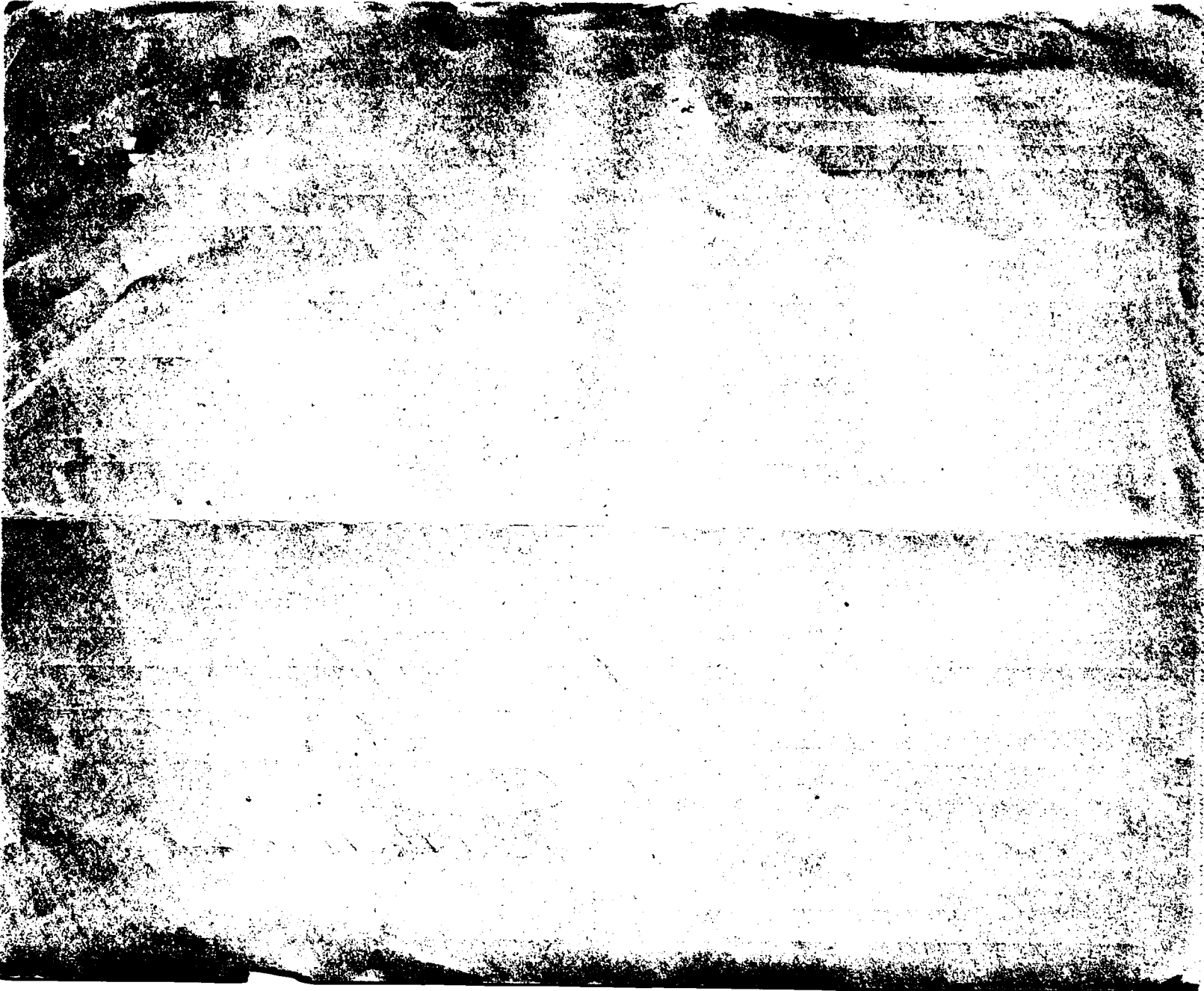
I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 A.M. on the date above stated.

(Born Alive or Stillborn) (Signed) J. R. Meese, M. D.  
 or \_\_\_\_\_, Midwife

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_ Address Logan Utah  
 Filed Oct 8, 1935 G. W. States  
 Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Franklin  
City of Fairview

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
**95352**  
State File No. ....

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 22

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of Baby (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 2 1935  
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) .....  
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fairview Idaho (State or country)

13. NAME Wm Theo Lockyer

14. BIRTHPLACE (city or town) Blackfoot Ida (State or country)

15. MAIDEN NAME Ada Jametson

16. BIRTHPLACE (city or town) Preston Idaho (State or country)

17. INFORMANT Wm Theo Lockyer (Address) Logan Utah

18. BURIAL, CREMATION OR REMOVAL  
Place ..... Date ....., 193..

19. UNDERTAKER (Address) .....

20. FILED Oct 8, 1935 G. W. States Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Sept 2, 1935.

I last saw him/her on ....., 193...; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Still birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .., 193..

Where did injury occur? ..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so specify .....

(Signed) G. W. States, M. D.  
(Address) Logan Utah

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

615-117-021815 OCT 14 1935 RECEIVED

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

236287

1. PLACE OF BIRTH  
County of Franklin  
City of PrestonNo. Gen. Memorial St.Registration District No. 27 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2/19 Local Registrar's No. 582. FULL NAME OF CHILD Stellborn Fancher3. Sex MaleIf plural  
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term X

7. Legiti-

mate? yes

8. Date of

birth Sept 17 1935

(Month, Day, Year)

9. Full  
name

FATHER

Leonard Fennich Fancher18. Full  
maiden  
name

MOTHER

Jarrette Hansen

10. Residence (usual place of abode)

(If non-resident, give place and State)

Preston

19. Residence (usual place of abode)

(If non-resident, give place and State)

Preston11. Color or race W12. Age at last birthday 24 (years)20. Color or race W21. Age at last birthday 20 (years)

13. Birthplace (city or place)

(State or Country)

Denver, Colorado

22. Birthplace (city or place)

(State or Country)

Logan, Utah14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Well Driller23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.Housewife15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.16. Date (month and year)  
last engaged in this work

17. Total time (years) spent

25. Date (month and year)  
last engaged in this work

26. Total time (years) spent

\_\_\_\_\_, 19\_\_\_\_

in this work

\_\_\_\_\_, 19\_\_\_\_

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn,

period of gestation

9

months

or weeks

30. Cause of stillbirth

?

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician  
or midwife, then the father, householder, etc.,  
should make this return.Give name added from  
a supplemental report

(Date of)

(Signed)

C. K. Cutler, M. D.

or

Preston Idaho, Midwife

Address

Filed

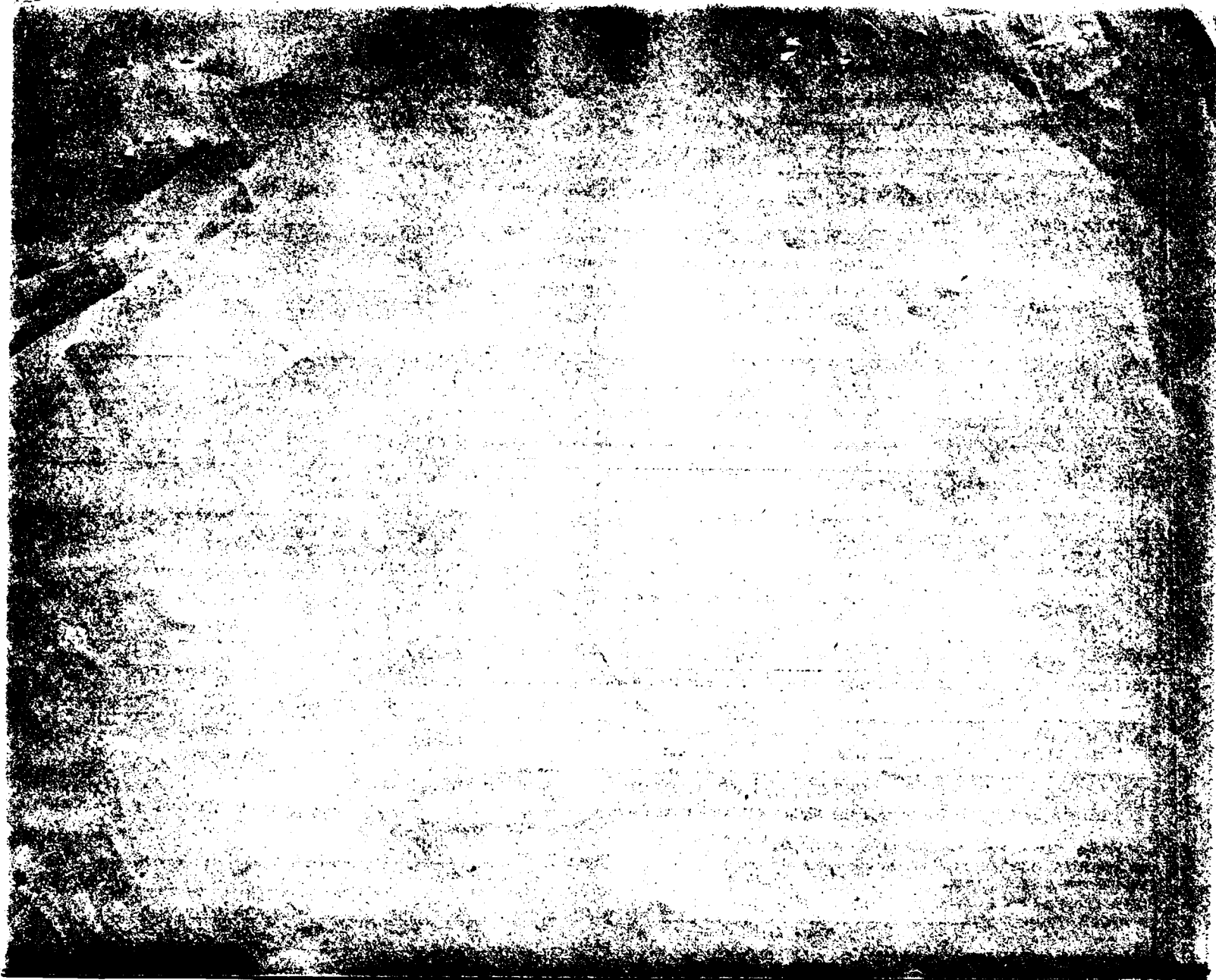
Oct 8 1935H. M. Slater

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

14 1935 RECEIVED  
 PLACE OF DEATH  
 County of Franklin  
 City of Preston

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
**95354**  
 State File No. ....

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 24

(No. ....)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Fancher

(a) Residence, No. ....

(Usual place of abode)

St. ....

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
Sept. 17, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or .. min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston, Idaho  
 (State or country)

13. NAME Leonard Kenneth Fancher

14. BIRTHPLACE (city or town) Denver, Colo.  
 (State or country)

15. MAIDEN NAME Jannette Hansen

16. BIRTHPLACE (city or town) Logan, Utah  
 (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL  
 Place Date, 193..

19. UNDERTAKER (Address)

20. FILED Oct 8, 1935 G. W. Stater  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Sept 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 193...., to ....., 193....

I last saw h.... alive on ....., 193....; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Stillborn  
Cause not determined  
 Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury, 193..

Where did injury occur?.....  
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so specify

(Signed) R. R. Curtis M. D.  
 (Address) Preston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

851120 23458  
1. PLACE OF BIRTH  
County of Emmett  
City of Emmett  
No. \_\_\_\_\_ St. \_\_\_\_\_

OCT 9 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

236344

S

Registration District No. 6 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD unnamed

3. Sex M If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature X 7. Legitimate? yes 8. Date of birth Aug. 2, 1935  
(Month, Day, Year)

9. Full name of FATHER Mr. Lester Dean 18. Full maiden name of MOTHER Rubane Meyers

10. Residence (usual place of abode) Emmett 19. Residence (usual place of abode) Emmett  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Crochett, Texas 22. Birthplace (city or place) Everett, Ind.  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pastor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? L

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 7 mo., 2 wks. { months or weeks 30. Cause of stillbirth Dead 2013 days before { Before labor Cause unknown During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9:30 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

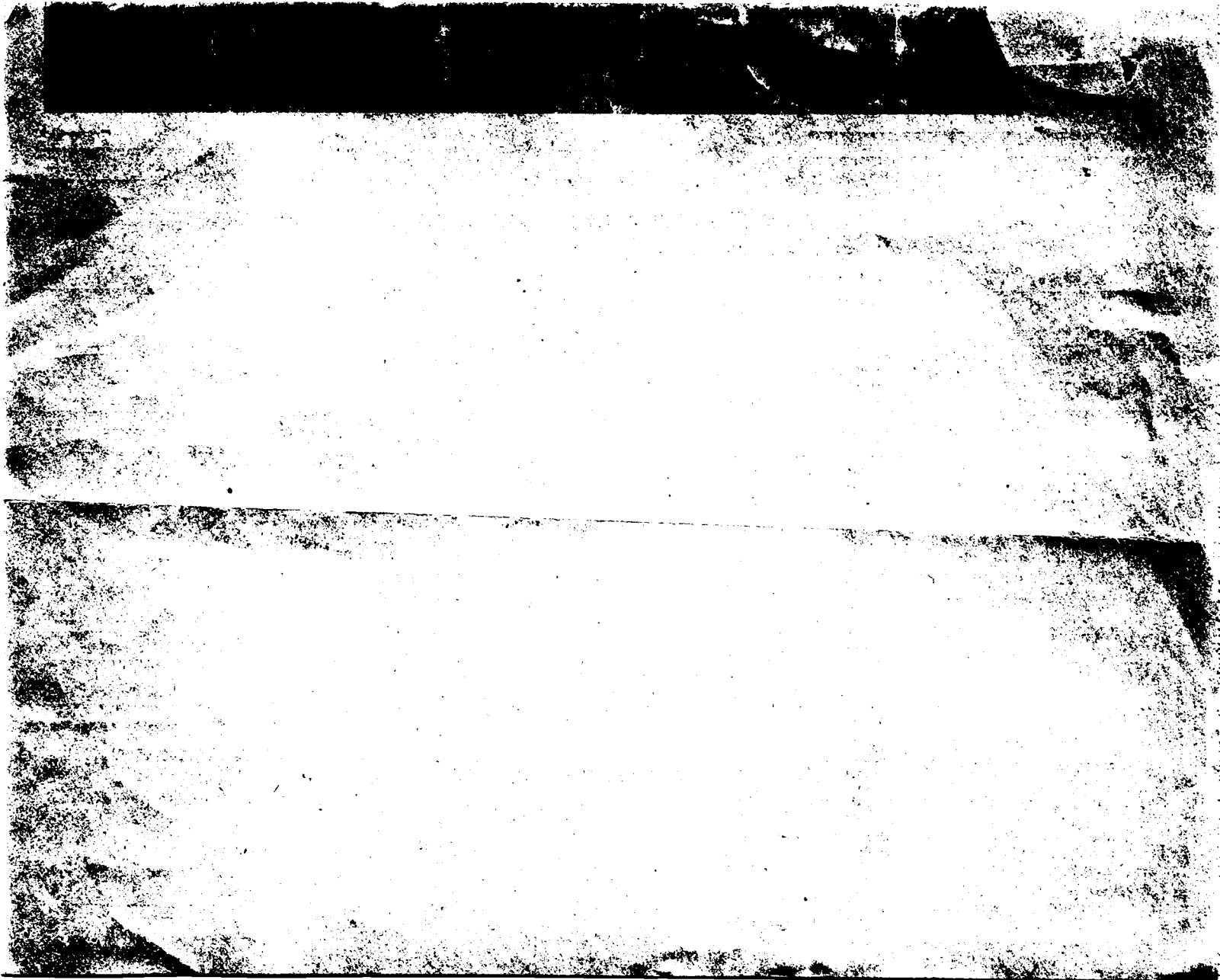
(Signed) Emmett, Ida, M. D.

or \_\_\_\_\_, Midwife

Address Emmett, Ida

Filed Oct. 8, 1935 J. H. Reynolds Registrar.

Registrar.



OCT 7 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

95362

State File No. ....

County of EmmettCity of Emmett

## CERTIFICATE OF DEATH

Registration District No. ....

Primary Registration District No. 6Local Registrar's No. 70

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Infant son Mr & Mrs Lester Hearne(a) Residence. No. Emmett Idaho St. ....(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20 - 19357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Still born8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho13. NAME Lester Hearne14. BIRTHPLACE (city or town) (State or country) Texas15. MAIDEN NAME not known16. BIRTHPLACE (city or town) (State or country) "17. INFORMANT Lester Hearne (Address) Emmett Idaho18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 8/21, 193519. UNDERTAKER (Address) Emmett Idaho20. FILED 8/21, 1935 J. H. Raynor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20 193522. I HEREBY CERTIFY, That I attended deceased from at birth on Aug 20, 1935.

I last saw h... alive on ...., 193...; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Prematurity with hydrocephalus

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... (if so specify)

(Signed) J. H. Raynor M. D. (Address) Emmett Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>Date of onset</i> 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>Date of onset</i> 1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

759 117 028-269 OCT 2 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 236424

**CERTIFICATE OF BIRTH**

1. PLACE OF BIRTH Kootenai  
County of Kootenai  
City of Libby  
No.        St.         
Registration District No. 30 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 621

2. FULL NAME OF CHILD Baby Gerlitz

3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other <u>      </u> 5. Number, in order of birth <u>      </u>	6. Premature <u>      </u> Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>9/17/35</u> , 193 (Month, Day, Year)
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9. Full name <u>FATHER</u> <u>Henry Gerlitz</u>	18. Full maiden name <u>MOTHER</u> <u>Anna Swick</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gibbs, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>      </u>
11. Color or race <u>W</u>   12. Age at last birthday <u>43</u> (years)	20. Color or race <u>W</u>   21. Age at last birthday <u>37</u> (years)
13. Birthplace (city or place) (State or Country) <u>Russia</u>	22. Birthplace (city or place) (State or Country) <u>Fultonville New York</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>      </u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>      </u>
16. Date (month and year) last engaged in this work <u>      </u> , 19 <u>      </u>	25. Date (month and year) last engaged in this work <u>      </u> , 19 <u>      </u>
17. Total time (years) spent in this work <u>25</u>	26. Total time (years) spent in this work <u>      </u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% Neo silvol

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks

30. Cause of stillbirth { Before labor         
During labor       

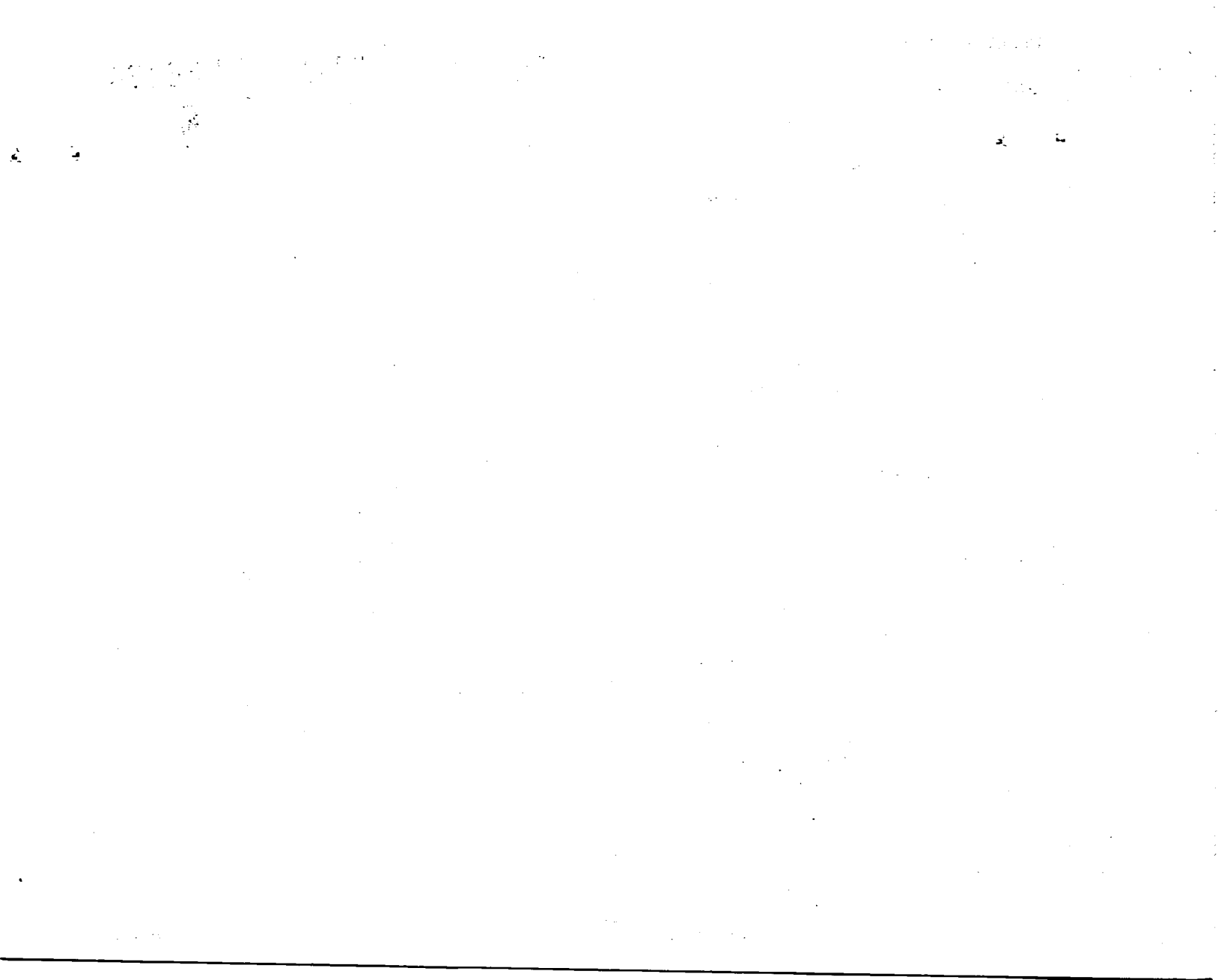
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 2 A.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report         
(Date of)       

(Signed)       , M. D.  
or       , Midwife  
Address Coeur d'Alene, Idaho  
Filed 9-26-, 1935        Registrar.





WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-  
TION is very important. See instruction on back of certificate.

OCT 2 1935 RECEIVED

PLACE OF DEATH

County of Kootenai

City of Coeur d'Alene

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1050

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gerrlitz

(a) Residence. No. .... St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX

M

4. COLOR OR RACE

W

5. Single, Married, Widowed,  
or Divorced (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 17. 1935

7. AGE

Years

Months

Days

16 LESS than 1 day,  
hrs. or  
min.

0

0

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Gibbs, Idaho  
(State or country)

10. NAME OF FATHER

Henry Gerrlitz

11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)

Russia

12. MAIDEN NAME OF MOTHER

Anna Swick

13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)

Eatonville, N.Y.

14. Informant Mrs. Gerrlitz

(Address)

15. Filed 9-26, 1935

Registrar

93411 WRITE IN THIS SPACE

State File No. ....

Local Registrar's No. 403

206

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 17, 1935

(Month)

(Day)

19  
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH\* was as follows:

Anencephaly. (Still Born).

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

(duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis?

(Signed) Chick Gustaf, M. D.

....., 19..... (Address) .....

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Did not have an  
undertaker.

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

355-101-055-995.  
1. PLACE OF BIRTH  
County of Nez Perce  
City of Lewiston  
No. St. Joseph's 2025 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236526

Registration District No. 1009 State File No. \_\_\_\_\_

Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jimmy Lee, Baby Boy

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth Sept 15 1935  
(Month, Day, Year)

9. Full name FATHER Willbur L. Lee

10. Residence (usual place of abode) (If non-resident, give place and State) Clarkston, Wn.

11. Color or race W 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work at present 19\_\_\_\_ 17. Total time (years) spent in this work Seven

18. Full maiden name MOTHER Daisy Ziegler

19. Residence (usual place of abode) (If non-resident, give place and State) Clarkston, Wn.

20. Color or race W 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 2%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn one

29. If stillborn, period of gestation { months 6 1/2 or weeks \_\_\_\_\_ 30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

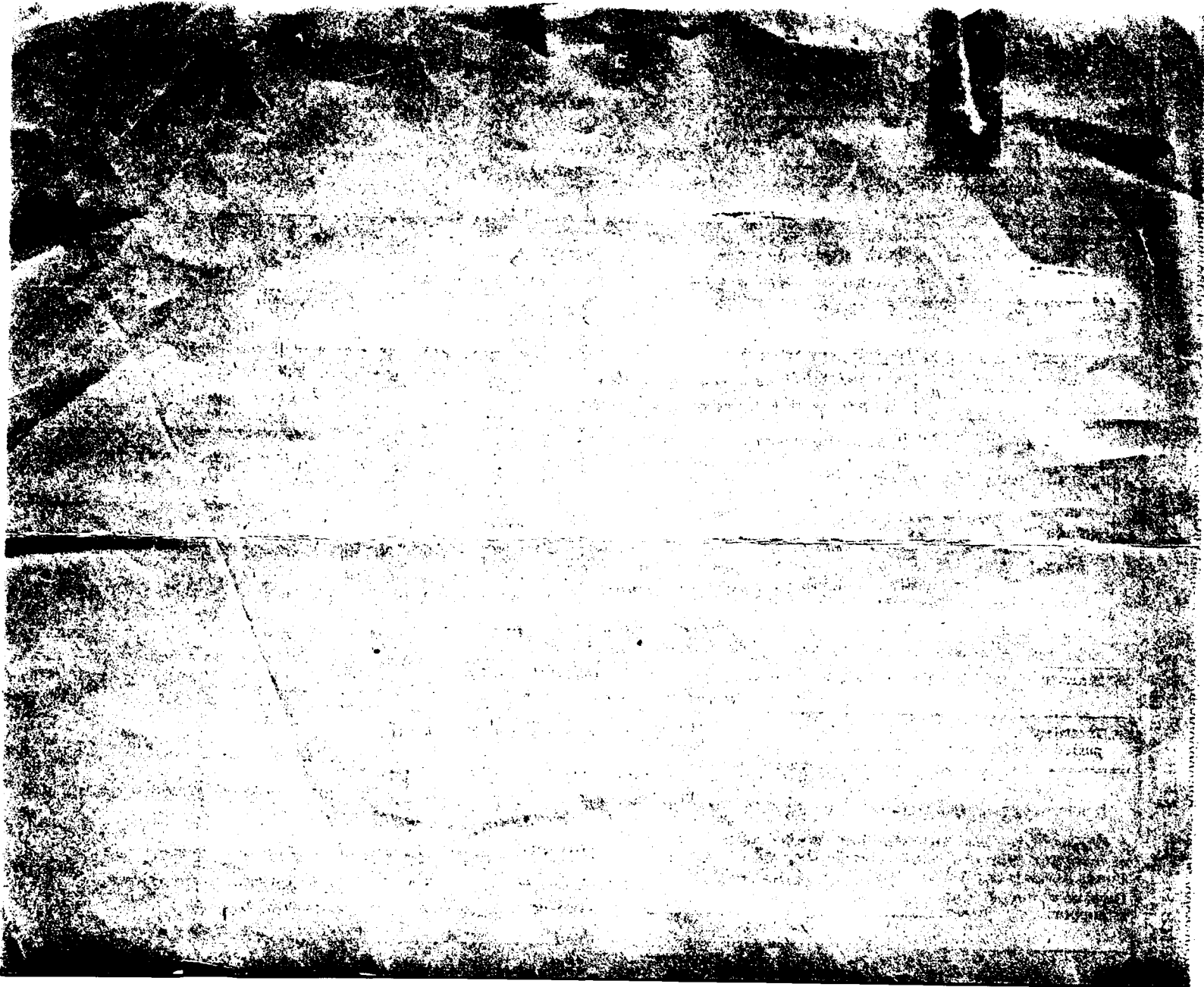
I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated. (Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Signed) Paul G. Hunsy, M. D. or \_\_\_\_\_, Midwife Address Lewiston, Idaho Filed Oct 1, 1935 J. M. Lyle Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <b>95448</b> State File No. ....	
<b>CERTIFICATE OF DEATH</b> County of <u>Nezperce</u> City of <u>Lewiston</u> Registration District No. <u>1009</u> Primary Registration District No. <u>9.6</u> Local Registrar's No. .... <u>St Joseph Hospital</u> (No. ....) (If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Infant Son Mr &amp; Mr Wilbur G. Lee</u> (a) Residence. No. <u>6th &amp; Highland Clarkston Wash.</u> St. (Usual place of abode) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u> 21. DATE OF DEATH (month, day and year) <u>Sept 15 1935</u> 193	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 15, 1935</u> to <u>Sept. 15, 1935</u> . I last saw him alive on <u>Sept. 15, 1935</u> . Death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (month, day and year) <u>Sept 15 1935</u>		Date of onset <u>Immature infant</u> <u>6 1/2 mo. pregnancy</u>	
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		If LESS than 1 day, ... hrs. or ... min. 11. Total time (years) spent in this occupation .....	
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		Other contributory causes of importance: <u>Nephritis. Pregnancy</u>	
10. Date deceased last worked at this occupation (mo. and yr.)		Name of operation ..... Date of ..... What test confirmed diagnosis? ... Was there an autopsy? <u>X</u>	
12. BIRTHPLACE (city or town) <u>Lewiston</u> <u>Idaho</u> (State or country)		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury, 193... Where did injury occur? ..... (Specify city or town, county, and state)	
13. NAME <u>Wilbur G. Lee</u>		Specify whether injury occurred in <u>industry</u> , in <u>home</u> , or in <u>public place</u> . Manner of injury ..... Nature of injury .....	
14. BIRTHPLACE (city or town) <u>Illinois</u> ..... (State or country)		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify ..... (Signed) <u>O. J. Shaughnessy</u> , M. D. (Address) <u>Lewiston Idaho</u>	
15. MAIDEN NAME <u>Daisy Ziegler</u>			
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
17. INFORMANT <u>Wilbur G. Lee</u> ..... (Address) <u>Clarkston Wash.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston Idaho</u> Date ..... 193...			
19. UNDERTAKER <u>Vassar-Shaughnessy Co.</u> ..... (Address) <u>Lewiston Idaho</u>			
20. FILED <u>Oct 1 1935</u> <u>J. M. Lyle</u> Registrar.			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# DISINTERMENT PERMIT

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Donavon Lee  
now lying buried in Normal Hill Cemetery, in the City or Town of Lewiston  
County of Nez Perce State of Idaho, who died on the 15 day of Sept., 1935, Aged \_\_\_\_\_ years \_\_\_\_\_ months  
\_\_\_\_\_ days, the cause of death being Premature and  
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever;  
or yellow fever as shown by the certificate of death of said deceased, given by  
Paul G. Maury attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private  
of Vineland Cemetery in the City or Town of Clarendon County of Asotin  
State of Wash. to take effect upon the approval by the local board of health of the City, Town, or County of

Nez Perce it being understood and provided that nothing herein shall be deemed as contravening or in  
anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of  
corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be  
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another  
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The  
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the  
remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic  
lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,  
Permit issued to: this 4th day of March, A.D. 1955

W. W. Benson

Director, Division of Vital Statistics

By- Mary Freda

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,  
Town or County of Nez Perce State of Idaho, this 9th day of Mar, 1955

John Eastman  
Health Officer





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

655-202-035-413

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		236528	
County of <u>Nez Perce</u>		Registration District No. <u>1009</u>		State File No. _____					
City of <u>Lewiston</u>		Prim. Registration District No. <u>96</u>		Local Registrar's No. _____					
No. <u>St. Joseph's Hospital</u>									
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Elma Elaine O'Neal</u>									
3. Sex <u>Female</u>		4. Twin, triplet, or other. <u>Turn</u>		5. Number, in order of birth <u>11</u>		6. Premature. _____		7. Legitimate? <u>yes</u>	
8. Date of birth <u>Sept. 2, 1935</u>									
(Month, Day, Year)									
9. Full name <u>Aubrey Wayne O'Neal</u>		FATHER		18. Full maiden name <u>Lucinda Ann Matthews</u>		MOTHER			
10. Residence (usual place of abode) <u>Lewiston, Ida</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Lewiston, Ida</u>		(If non-resident, give place and State)			
11. Color or race <u>W.</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>28</u> (years)			
13. Birthplace (city or place) <u>W. Virginia</u>		(State or Country)		22. Birthplace (city or place) <u>Texas</u>		(State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		OCCUPATION			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____					
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate 2%</u>									
28. Number of children of this mother <u>4</u> (At time of this birth and including this child)									
(a) Born alive and now living <u>113</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ months or weeks				30. Cause of stillbirth _____		Before labor _____		During labor _____	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 a.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

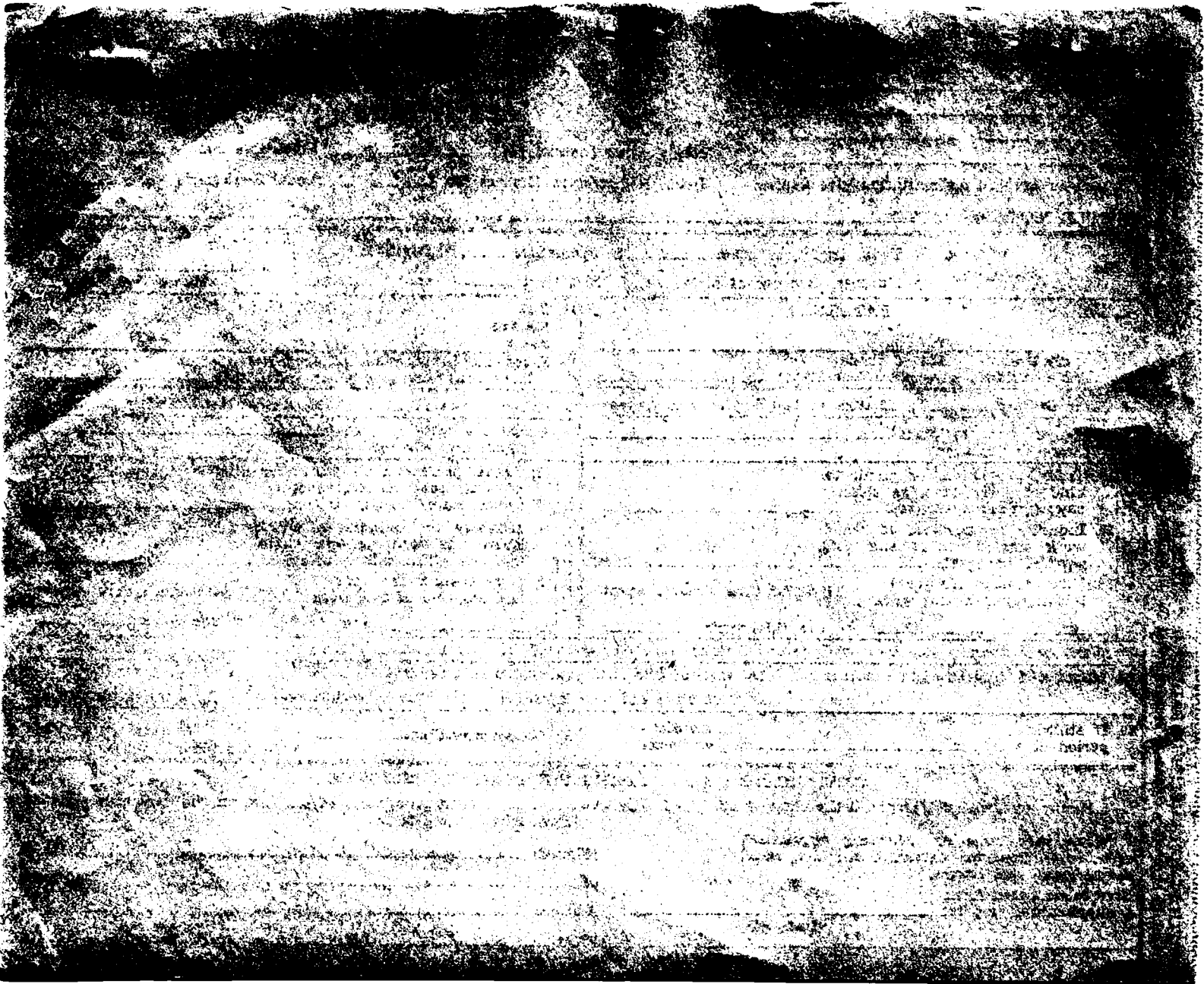
Registrar.

(Signed) Paul G. Henry, M. D.

or \_\_\_\_\_, Midwife

Address Lewiston, Idaho

Filed Oct 1, 1935 J. M. Lyle Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1935 RECEIVED

## PLACE OF DEATH

County of New MexicoCity of Lewiston
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
Registration District No. 1009Primary Registration District No. 46

DO NOT WRITE IN THIS SPACE

95435

State File No. \_\_\_\_\_

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elma Elaine O'Neal(a) Residence. No. 1228-18th St.

(Usual place of abode)

St. Lewiston, Idaho

Length of residence in city or town where death occurred. /yrs. /mos. /ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ☒6. DATE OF BIRTH (month, day, and year) Sept. 2, 19357. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, / hrs. or / min.8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho13. NAME Aubrey O'Neal14. BIRTHPLACE (city or town) West Virginia (State or country)15. MAIDEN NAME Lu Mathews16. BIRTHPLACE (city or town) Texas (State or country)17. INFORMANT Aubrey O'Neal (Address) 1228-18th St. Lewiston, Ida

18. BURIAL, CREMATION OR REMOVAL

Place, Lewiston, Ida Date, Sept 4, 193519. UNDERTAKER Brauer-Hamm Company (Address) Lewiston, Idaho20. FILED act 1, 5 9, m. Lyle 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 2, 193522. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1935, to Sept. 2, 1935.I last saw him alive on Sept. 2, 1935 death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation before birth Date of onset

Other contributory causes of importance:

2nd twin - placenta loosened & delivered after birth of first twinName of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury, 1935.Where did injury occur? none (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. noneManner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) P. J. Lyle M. D.(Address) Lewiston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, and the number of birth stated.

279-110035-662  
1. PLACE OF BIRTH  
County of Thy Perce **SEP 12 1935 RECEIVED**  
City of Presbyterian  
No. Dr. Joseph Knight  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** **236533**  
Registration District No. 1009 State File No. 2  
(If born in hospital or institution give name.)  
Prim. Registration District No. 96 Local Registrar's No. Springston  
2. FULL NAME OF CHILD Baby  
3. Sex male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature yes 7. Legitimate? yes 8. Date of birth 8/10/1935 (Month, Day, Year)  
9. Full name Harold Springston FATHER  
10. Residence (usual place of abode) Peck, Idaho  
11. Color or race W 12. Age at last birthday 25 (years)  
13. Birthplace (city or place) Peck, Idaho (State or Country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —  
16. Date (month and year) last engaged in this work Present, 1935  
17. Total time (years) spent in this work Life  
18. Full maiden name Mary Margaret Foster MOTHER  
19. Residence (usual place of abode) Peck, Idaho  
20. Color or race W 21. Age at last birthday 24 (years)  
22. Birthplace (city or place) Missouri (State or Country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —  
25. Date (month and year) last engaged in this work —, 19—  
26. Total time (years) spent in this work —  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? —  
28. Number of children of this mother 1 (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1  
29. If stillborn, period of gestation 9 months { months or weeks  
30. Cause of stillbirth Uterine Before labor yes During labor yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Still born at 7:40 P.M. on the date above stated.  
(Born Alive or Stillborn)

(Signed) J. M. Kyle, M. D.

or —, Midwife

Address Lewiston, Idaho

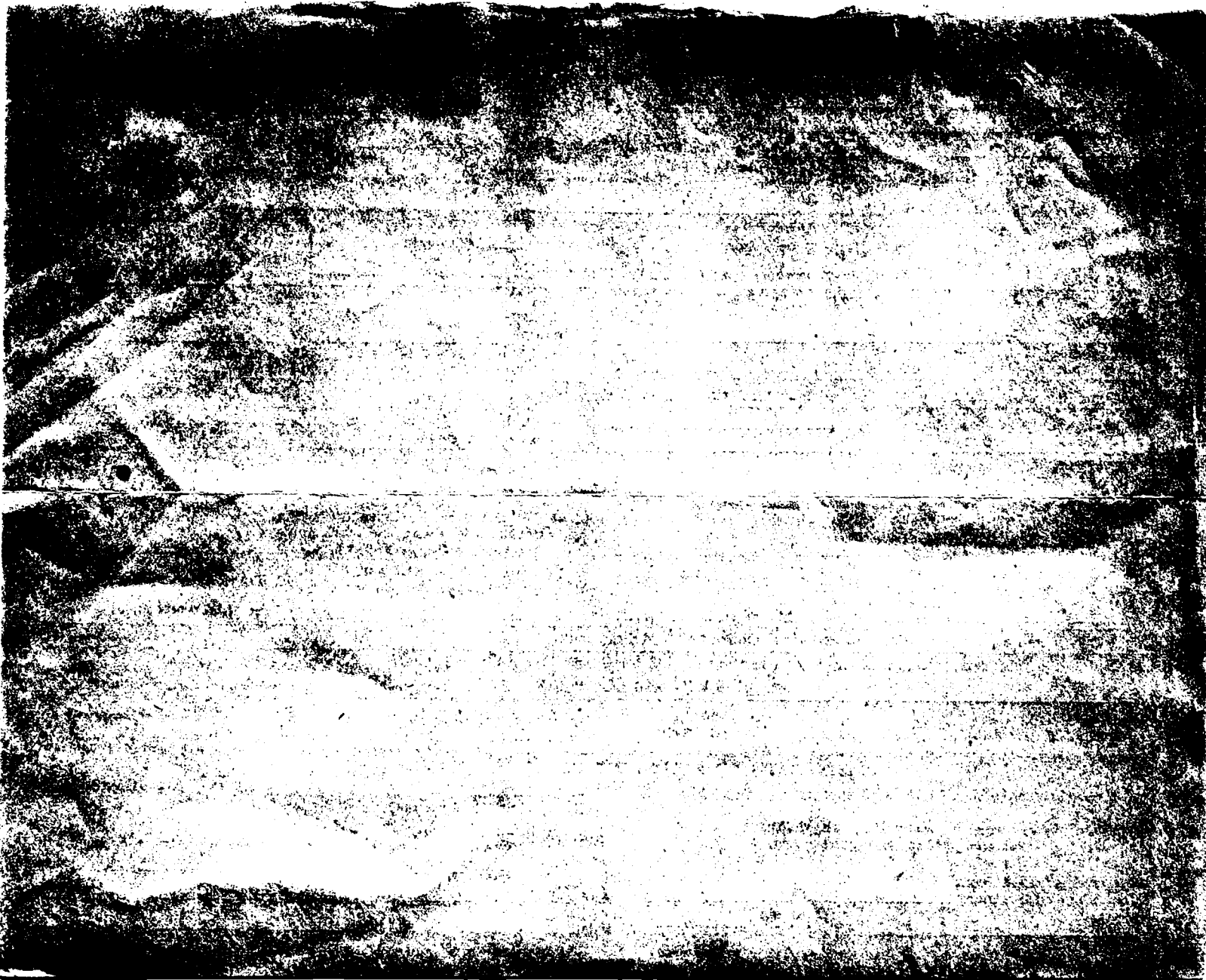
Filed Aug 12, 1935 J. M. Kyle Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report —

(Date of)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 10 1935 RECEIVED

## PLACE OF DEATH

County of JeromeCity of RewistonSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

95054

State File No. 2062. FULL NAME Harold Springston(a) Residence. No. Peak, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH August 10<sup>th</sup> 19357. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day... hrs. or .... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rewiston Idaho  
(State or country)13. NAME Harold Springston14. BIRTHPLACE (city or town) Peak Idaho  
(State or country)15. MAIDEN NAME Mary Foster16. BIRTHPLACE (city or town) Rewiston Idaho  
(State or country)17. INFORMANT Harold Springston  
(Address) Peak Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Rewiston Idaho Date Aug 11, 193519. UNDERTAKER Brooks  
(Address) Rewiston Idaho20. FILED 9/6, 1935 J. M. Lyle  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10<sup>th</sup> 193522. I HEREBY CERTIFY That I attended deceased from Aug 10, 1935 to Aug 10, 1935

I last saw him alive on ..... 1935; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Stillborn at term

Other contributory causes of importance:

Weakness in mother

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?.....

(Signed) J. M. Lyle(Address) Rewiston, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

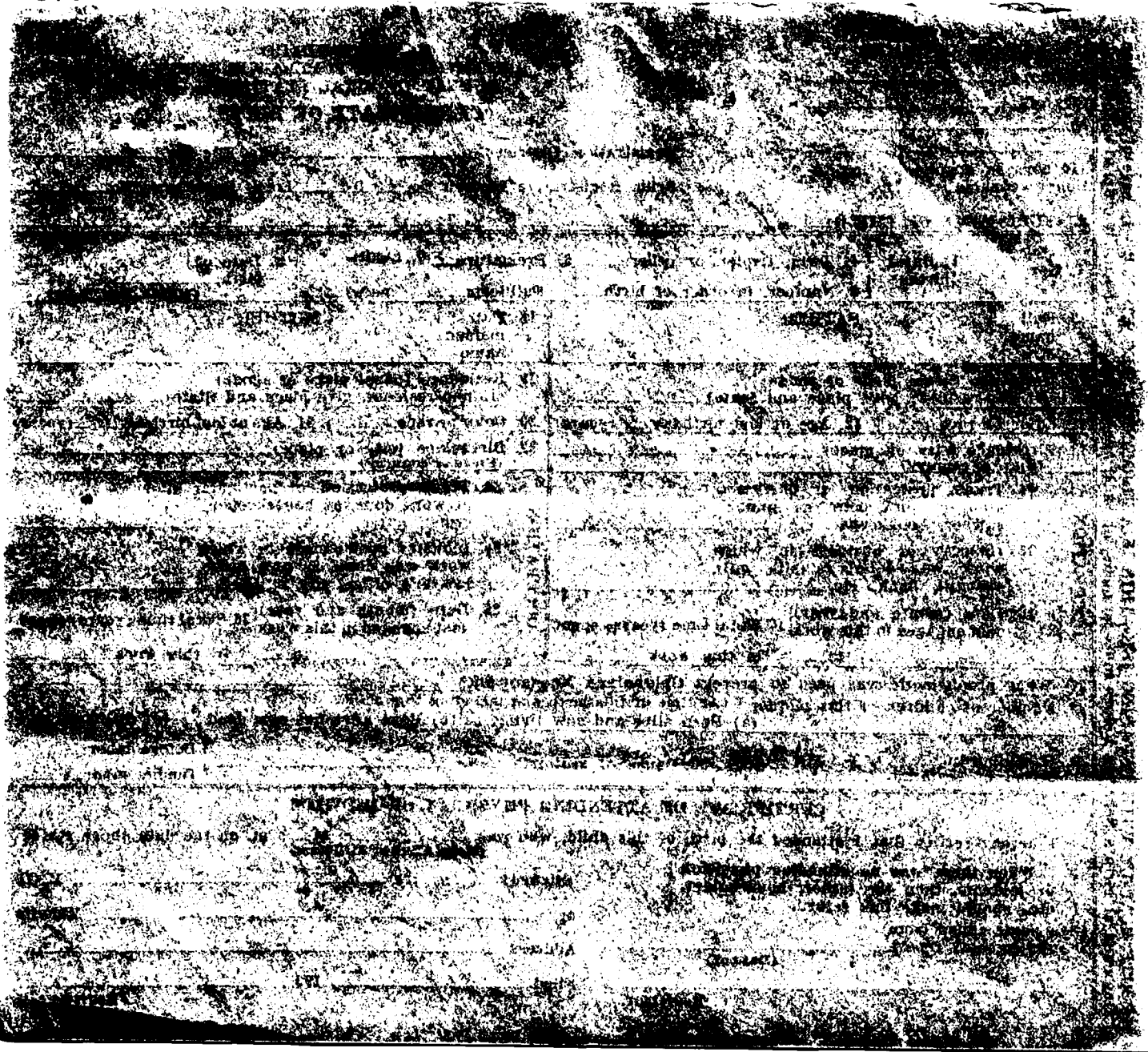
314-118 042-767 OCT 11 1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 236613  
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Latah  
City of Latah Falls  
No. Monteith Sanitarium St. \_\_\_\_\_  
(If born in hospital or institution give name.)  
Registration District No. 37 State File No. \_\_\_\_\_  
Prim. Registration District No. 1083 Local Registrar's No. 450  
2. FULL NAME OF CHILD Stillborn Campbell

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>9/18/35</u> (Month, Day, Year)
9. Full name FATHER <u>Madison Loren Campbell</u>				18. Full maiden name MOTHER <u>Bernice Pearl Roper</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Latah Falls</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Latah Falls</u>		
11. Color or race <u>W.C.</u>		12. Age at last birthday <u>4</u> (years)		20. Color or race <u>W.C.</u>		21. Age at last birthday <u>16</u> (years)
13. Birthplace (city or place) <u>Latah Falls</u> (State or country)				22. Birthplace (city or place) <u>Latah Falls</u> (State or country)		

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		26. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>one</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 mo.</u> months or weeks 30. Cause of stillbirth <u>Asphyxia</u> Before labor _____ During labor <u>During</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn 10:30 P. M. on the date above stated.  
(Signed) R. Weaver, M. D.  
or \_\_\_\_\_, Midwife  
Address Latah Falls, Idaho  
Filed Oct 10, 1935 J. D. Pumphrey Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Twin FallsCity of Twin Falls

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085(No. 1129--4th Ave. East)

(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 95490Local Registrar's No. 1932. FULL NAME Baby Madison Campbell(a) Residence. No. Twin Falls, Route #1 St. \_\_\_\_\_

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 18th

7. AGE

0

Years

Months 0Days 0If LESS than  
1 day, hrs. \_\_\_\_\_  
or min. \_\_\_\_\_

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Twin Falls Idaho.

MOTHER FATHER

13. NAME Madison Campbell14. BIRTHPLACE (city or town)  
(State or country)Buhl Idaho.15. MAIDEN NAME Berniece Roper16. BIRTHPLACE (city or town)  
(State or country)Neb.17. INFORMANT  
(Address)Madison Campbell  
Twin Falls, Idaho.18. BURIAL, CREMATION, OR REMOVAL  
PlaceBuhl Idaho Date Sept. 19 193 519. UNDERTAKER  
(Address)S.C. Phillips  
Twin Falls, Idaho.

20. FILED

9-19-, 193 5

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 18 193 522. I HEREBY CERTIFY, That I attended deceased from on9/18 1935, to death, 1935I last saw him from dead, 1935; death is saidto have occurred on the date stated above, at 10.30 AM

The principal cause of death and related causes of importance

were as follows Asphyxia Date of onset

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other contributory causes of importance:

Recent past pneumoniaand possible version

\_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193 5

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) C. D. Weaver, M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

**Other CONTRIBUTORY CAUSES of importance:**

*Gallstones* *May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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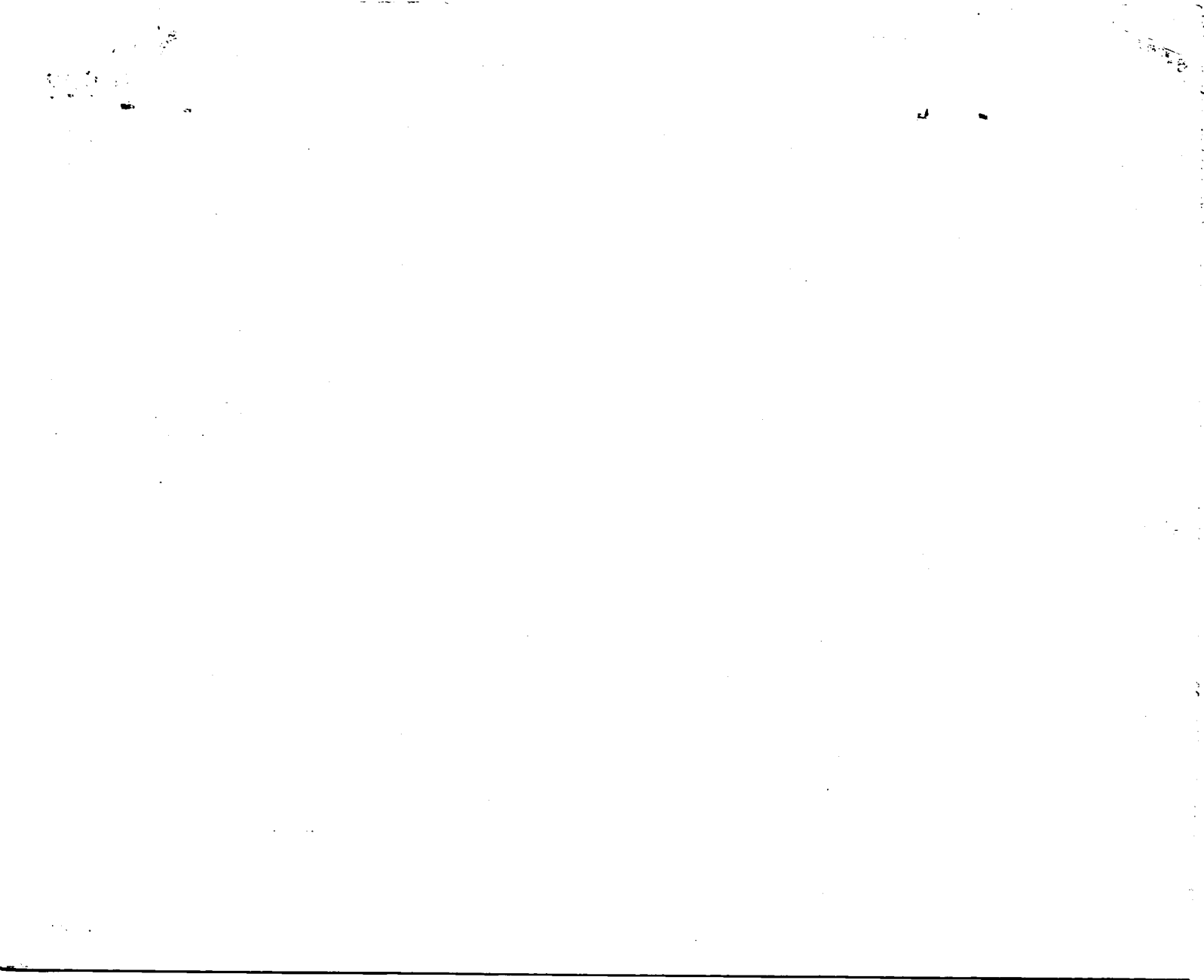
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Juniata</u> City of <u>Juniata</u> No. <u>County General Hospital</u> St. Registration District No. <u>37</u> State File No. <u>236622</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Prior Registration District No. <u>2085</u> Local Registrar's No. <u>406</u>	
2. FULL NAME OF CHILD <u>Baby Scott Stillborn</u>			
3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other <u>✓</u>	5. Number, in order of birth <u>✓</u>
6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>8-22</u> , 19 <u>35</u> (Month, Day, Year)	
9. Full name FATHER <u>Charles James Scott</u>		18. Full maiden name MOTHER <u>Gladys Hinkle</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>London, Ohio</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>London, Ohio</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) <u>Columbus</u> (State or Country) <u>Ohio</u>		22. Birthplace (city or place) <u>Dayton</u> (State or Country) <u>Washington</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Scott's Garage</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Aug</u> , 19 <u>35</u>	17. Total time (years) spent in this work <u>12 yrs</u>	25. Date (month and year) last engaged in this work <u>✓</u> , 19 <u>✓</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6</u> months <u>or more</u>		30. Cause of stillbirth <u>Premature</u> Before labor <u>✓</u> During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5:00</u> a.m. on the date above stated. ( <u>Stillborn</u> or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report _____ (Date of) _____			
Registrar. <u>J. M. Davis</u> , M. D. Address <u>1 Greenbush St</u> Filed <u>9-12-35</u> , 19 <u>35</u> Registrar. <u>J. M. Davis</u>			



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Twin Falls,

City of Twin Falls,

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Unnamed

CERTIFICATE OF DEATH

95493

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

Primary Registration District No. 2085

(No. Twin Falls, General Hospital)

State File No. ....

Local Registrar's No. 184

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-  
OWED OR DIVORCED

female

white

stillbirth

(Write the word)

6. DATE OF BIRTH

Aug.

28

1935

(Month)

(Day)

(Year)

7. AGE

Stillbirth

IF LESS than 1  
day how many  
hrs. or  
min.?

Yrs.

Mos.

ds.

8. OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of in-  
dustry, business or estab-  
lishment in which employ-  
ed (or employer)

9. BIRTHPLACE

(State or Country) Twin Falls, Idaho

10. NAME OF

Father Charles J. Scott

11. BIRTHPLACE

OF FATHER

(State or Country) Ohio

12. MAIDEN NAME

OF MOTHER

Gladys Hinkle

13. BIRTHPLACE

OF MOTHER

(State or Country) Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Chas J. Scott,

(Informant)

(Address)

Kimberly, Idaho

15.

Filed

9-7-

1935

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug

28

1935

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from  
Aug. 22, 1935 to Aug. 28, 1935

that I last saw h..... alive on Stillbirth  
and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH\* was as follows:

Premature birth, death during labor.  
5 months gestation

(Duration) ..... yrs. .... mos. .... ds.

Contributory  
(Secondary)

(Duration) ..... yrs. .... mos. .... ds.

(Signed)

8/28/35 (Address) Kimberly, Idaho

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,  
Transients or Recent Residents.)

At place ..... In the  
of death ..... yrs. .... mos. .... days. State ..... yrs. .... mos. .... ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

none

DATE OF BURIAL

19

20. UNDERTAKER

none

ADDRESS



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada **SEP 28 1935 RECEIVED** STATE OF IDAHO  
City of Boise, Idaho DEPARTMENT OF PUBLIC WELFARE  
No. 1617-N-24 St. St. BUREAU OF VITAL STATISTICS 236735  
The Salvation Army Home. CERTIFICATE OF BIRTH  
Registration District No. 124 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 1904 Local Registrar's No. 715  
2. FULL NAME OF CHILD Baby Garrison Stillbirth. 607

3. Sex <u>F</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>8-21-35</u> (Month, Day, Year)
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9. Full name <u>Foland Garrison</u>	FATHER	18. Full maiden name <u>Cleo Bowman</u>	MOTHER
10. Residence (usual place of abode) <u>Kuna Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Kuna Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W.</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) <u>MO</u> (State or country)		22. Birthplace (city or place) <u>MO</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc <u>Farmer.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc <u>Housewife</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 7  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 0

29. If stillborn, Full term } months or weeks 30. Cause of stillbirth Unknown } Before labor ✓  
period of gestation 9 } During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3.30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

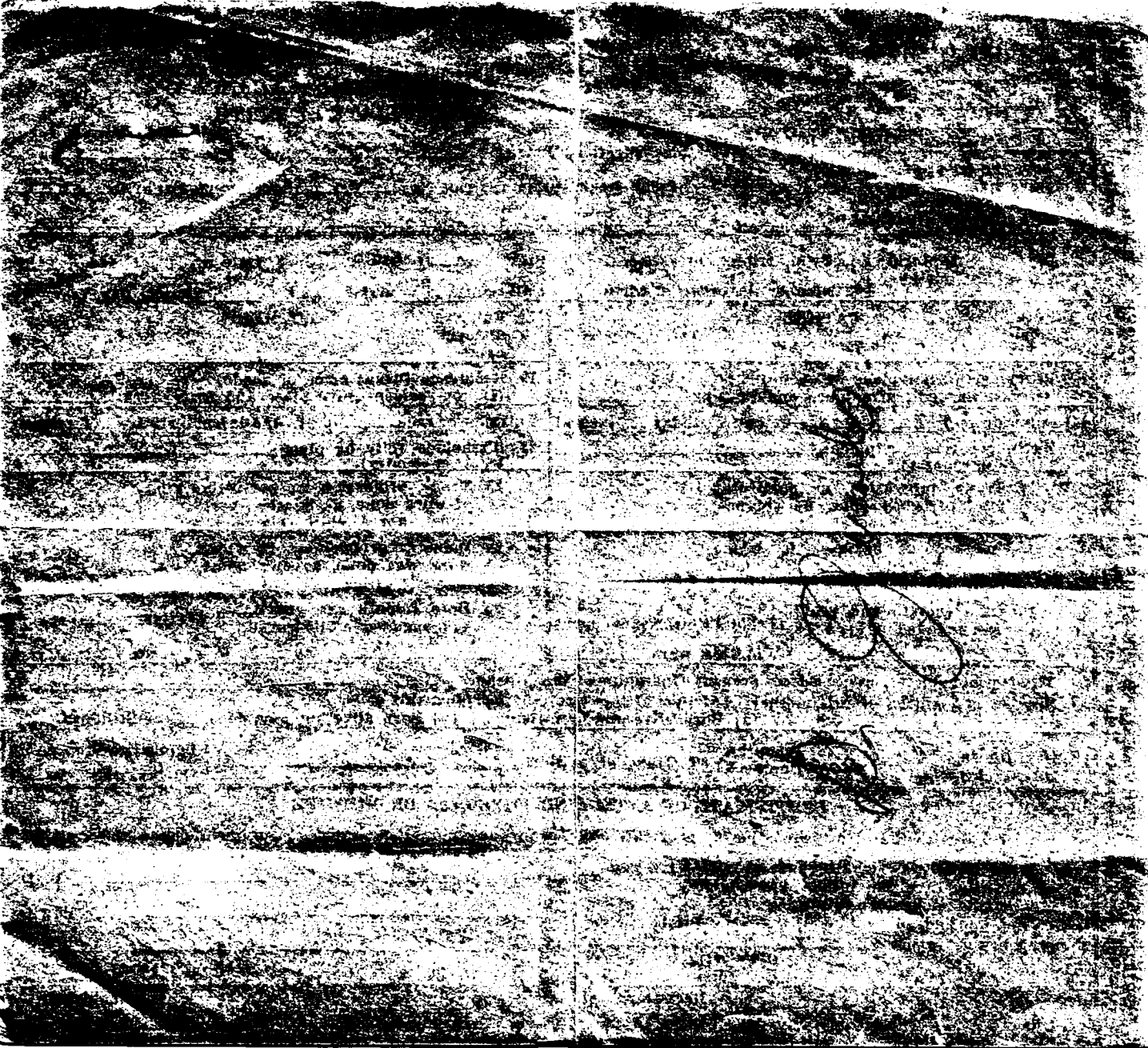
Registrar.

(Signed) A. C. Jewell M. D.

or \_\_\_\_\_, Midwife

Address Mundian Rd.

Filed 9-25-35 1935 Roberta Sharp Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

(No. Salvation Army Rescue Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Garrison

(a) Residence. No. ....

(Usual place of abode)

Kuna, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 21, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country)

13. NAME Roland Garrison

14. BIRTHPLACE (city or town) Mo.  
(State or country)

15. MAIDEN NAME Cleo Bowman

16. BIRTHPLACE (city or town) Mo.  
(State or country)

17. INFORMANT Roland Garrison  
(Address) R-1, Kuna Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 8/22/35

19. UNDERTAKER W. McBratney  
(Address) Boise, Idaho

20. FILED 8-23-35 R. Sharp  
Registrar.

DO NOT WRITE IN THIS SPACE

94781

State File No. ....

Local Registrar's No. 252

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/21/35

22. I HEREBY CERTIFY, That I attended deceased from 8/21/35, 193... to 8/21/35, 193...  
I last saw him alive on 8/21/35; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Date of onset

Name of operation none Date of .....

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ... Date of injury, 193...

Where did injury occur? ...  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) R. Sharp, M. D.  
(Address) Boise, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of future change of one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

866-202001 9 82  
PLACE OF BIRTH

County of Idaho  
City of Boise Idaho

No. St. Alphonsus Hosp.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Hoffman

3. Sex M If plural births { 4. Twin, triplet, or other. 1 5. Number, in order of birth 1 6. Premature yo 7. Legitimate? yo 8. Date of birth 10-2-1935 (Month, Day, Year)

9. Full name FATHER Edward A. Hoffman

10. Residence (usual place of abode) 240 Goodlawn (If non-resident, give place and State) Boise Idaho

11. Color or race W 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Power Co.

16. Date (month and year) last engaged in this work To date, 1935 17. Total time (years) spent in this work 11 yrs.

18. Full maiden name MOTHER Frank Louise Rose

19. Residence (usual place of abode) 240 Goodlawn (If non-resident, give place and State) Boise Idaho

20. Color or race W 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Darlington

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work To date, 1935 26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation. { months or weeks } 30. Cause of Stillbirth { Premature labor During labor. Acute Hydatidiform Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:20 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

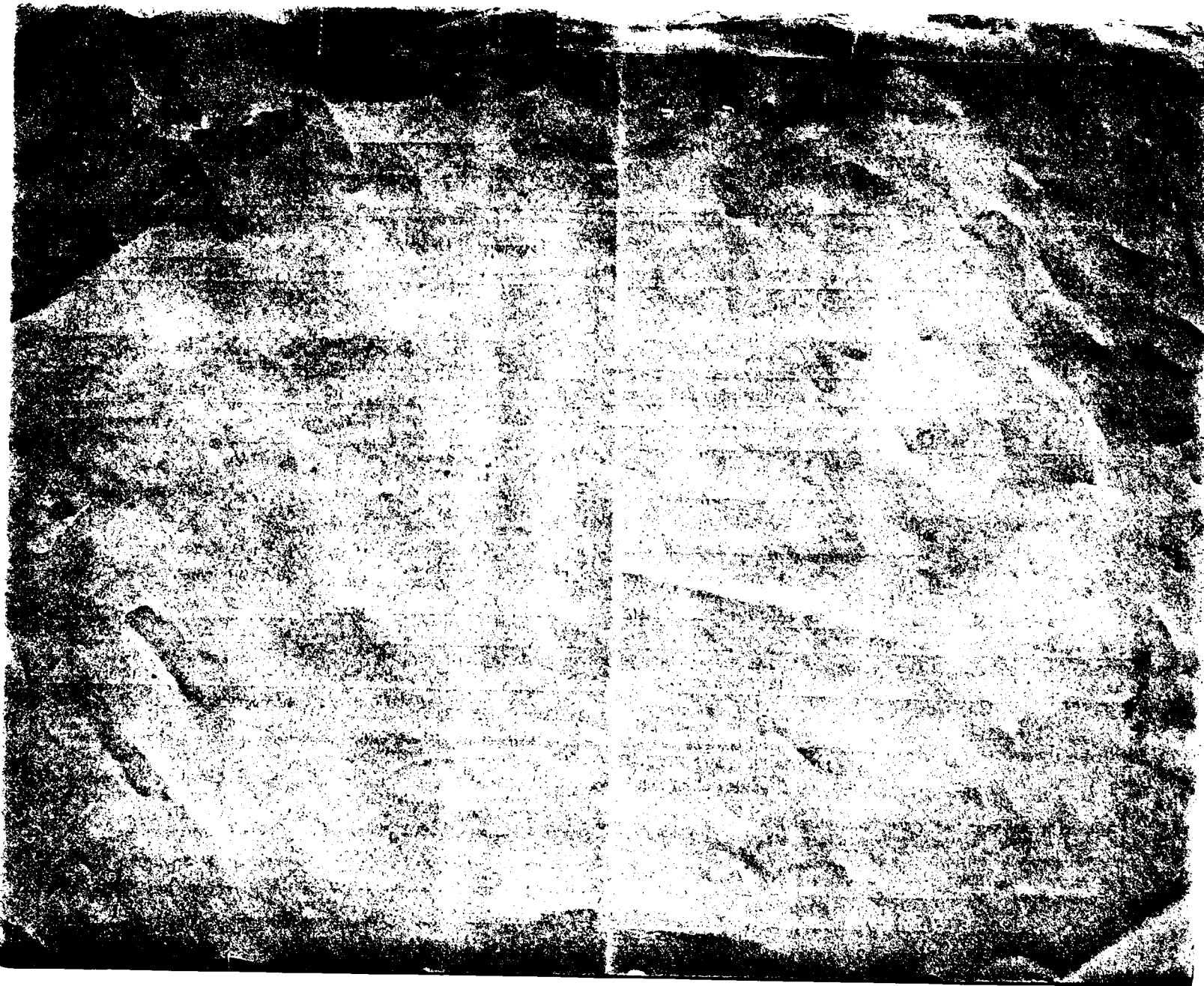
Registrar.

(Signed) Arz Boed M. D.

or \_\_\_\_\_ Midwife

Address Boise Idaho

Filed 10-11, 1935 R. Sharp Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 2Primary Registration District No. 1004  
(No. St. Alphonsus Hospital)(If death occurred in a hospital or institution, give its name instead of street and number)  
Lois Hoffman2. FULL NAME Lois Hoffman(a) Residence. No. 2410 Woodlawn Ave

(Usual place of abode)

St. \_\_\_\_\_

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed or Divorced (write the word)
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) 10-2-35

7. AGE	Years	Months	Days	If LESS than 1 day <u>1</u> hrs. or _____ min.
--------	-------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Boise, Ida  
(State or country)

MOTHER FATHER	13. NAME <u>Edward A Hoffman</u>
	14. BIRTHPLACE (city or town) <u>Little Falls Minn.</u> (State or country)

15. MAIDEN NAME Franzl Louise Rose16. BIRTHPLACE (city or town) Seattle Wash  
(State or country)17. INFORMANT Ed Hoffman  
(Address) Boise Idaho18. BURIAL, CREMATION OR REMOVAL Boise, Idaho  
Place St. Alphonsus Date 10-3-3519. UNDERTAKER Schubert & W. G. Carter  
(Address) Boise, Idaho20. FILED 10/4 1935 5 Boise, Idaho  
Registrar Boise, Idaho

DO NOT WRITE IN THIS SPACE

State File No. 95535Local Registrar's No. 295

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 2 193522. I HEREBY CERTIFY, That I attended deceased from St. Alphonsus, 1935I last saw him alive on \_\_\_\_\_, 1935: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

St. Alphonsus

Other contributory causes of importance:

Premature labor due to excess liquor drinking.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) W. B. Beck M. D.(Address) Boise, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

**Date of onset**

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

**Date of onset**

1 week ago

1 week ago

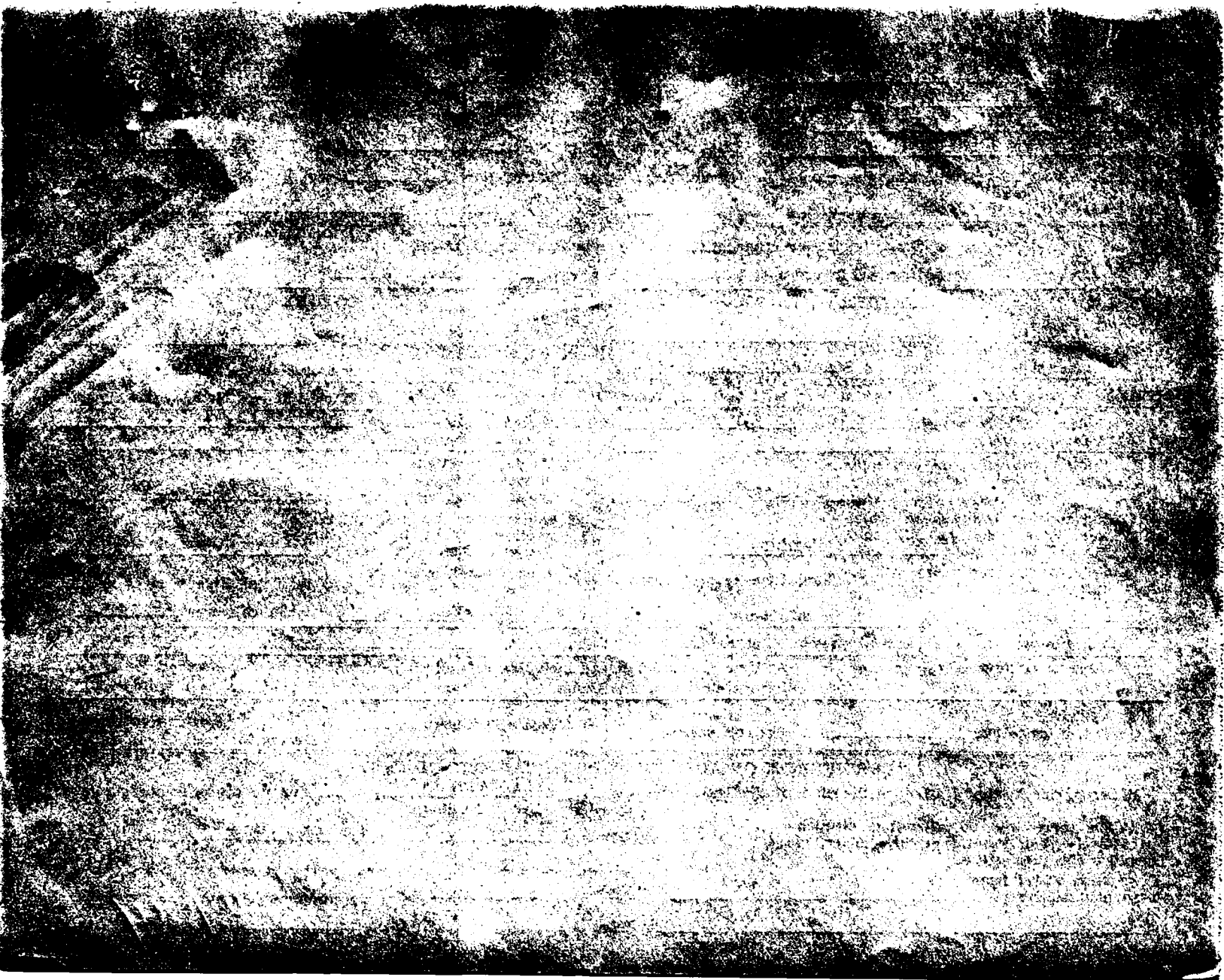
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		236783	
County of <u>Bannock</u>		City of <u>Pocatello</u>		No. <u>101 So. Johnson</u>		St. <u>General Hospital</u>		Registration District No. <u>28</u>		State File No. <u>2161</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2161</u>		Local Registrar's No. <u>1068</u>							
2. FULL NAME OF CHILD <u>John Mendez (Still-born)</u>											
3. Sex <u>male</u>		If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>X</u>		7. Legitimate? <u>Yes</u>		8. Date of birth <u>Oct. 23</u> , 19 <u>35</u> (Month, Day, Year)			
9. Full name FATHER <u>Magdaleno Mendez</u>						18. Full maiden name MOTHER <u>Margarita Chacon</u>					
10. Residence (usual place of abode) <u>Ranch in Shelley working for Sam Dial</u> (If non-resident, give place and State)						19. Residence (usual place of abode) <u>1334 No. Harrison</u> (If non-resident, give place and State)					
11. Color or race <u>Mex.</u>						12. Age at last birthday <u>40</u> (years)					
13. Birthplace (city or place) <u>Mexico City, Mexico</u> (State or Country)						22. Birthplace (city or place) <u>Pocatello, Ida.</u> (State or Country)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>					
16. Date (month and year) last engaged in this work <u>Now employed</u> , 19 <u>35</u>						17. Total time (years) spent in this work <u>8 yrs.</u>					
25. Date (month and year) last engaged in this work <u>Now employed</u> , 19 <u>35</u>						26. Total time (years) spent in this work <u>3 yrs.</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____											
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation _____ { months _____ or weeks _____						30. Cause of stillbirth _____ { Before labor _____ During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>6:10 P. M.</u> m. on the date above stated. (Born Alive or Stillborn)											
When there was no attending physician or midwife, then the father, householder, etc., should make this return.						(Signed) <u>J. J. Young</u> , M. D.					
Give name added from a supplemental report _____						or _____, Midwife					
(Date of) _____						Address <u>Pocatello 2nd</u>					
Registrar. _____						Filed <u>11/5/35</u> , 19 <u>35</u> <u>D. C. Ray</u> Registrar. _____					



NOV 16 1935 RECEIVED

## PLACE OF DEATH

County of Bannock  
City of PocatelloSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

95574

State File No. ....

Registration District No. 28Primary Registration District No. 2161 Local Registrar's No. 496(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Mendez(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and state)  
How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Mexican 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
October 20, 1935.7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)13. NAME Margdaleno Mendez14. BIRTHPLACE (city or town) Mexico.  
(State or country)15. MAIDEN NAME Margarita Chacon16. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)17. INFORMANT Margdaleno Mendez  
(Address) Shelley, Idaho.18. BURIAL, CREMATION OR REMOVAL  
Place Pocatello, Idaho. Date Oct. 25, 1935.19. UNDERTAKER Hall Mortuary  
(Address) Pocatello, Idaho.20. FILED Oct. 24, 1935. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 23, 1935,22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1935 to 10-23, 1935.I last saw him dead on 10/23, 1935. death is saidto have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Born dead -Obstructed placenta -Placenta Previa -

Other contributory causes of importance:

Name of operation NA Date of NA

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 1935.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) [Signature] M. D.(Address) Pocatello, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Pocatello</u> No. <u>101 So. Johnson</u> <u>Pocatello General Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF BIRTH</b> 28 2161 236795		
2. FULL NAME OF CHILD <u>Still born</u>		Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. <u>7048</u>		
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 3, 1935</u> (Month, Day, Year)
9. Full name <u>Bernard Briggs Walker</u>		18. Full maiden name <u>Minnie Mildred Troyer</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello Gen. Bel.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) <u>Corydon, Iowa</u> (State or Country)		22. Birthplace (city or place) <u>Ballair, Michigan</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck-driver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Fletcher Oil Co.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Now Employed 1935</u>	17. Total time (years) spent in this work <u>7 Months</u>	25. Date (month and year) last engaged in this work <u>Now Employed 1935</u>	26. Total time (years) spent in this work <u>2 yrs.</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) <u>0</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 11:08 P.M. on the date above stated.  
(Born Alive or Stillborn)

(Signed) J. Miller, M. D.

or \_\_\_\_\_, Midwife

Address Pocatello, Idaho

Filed 11/5/1935

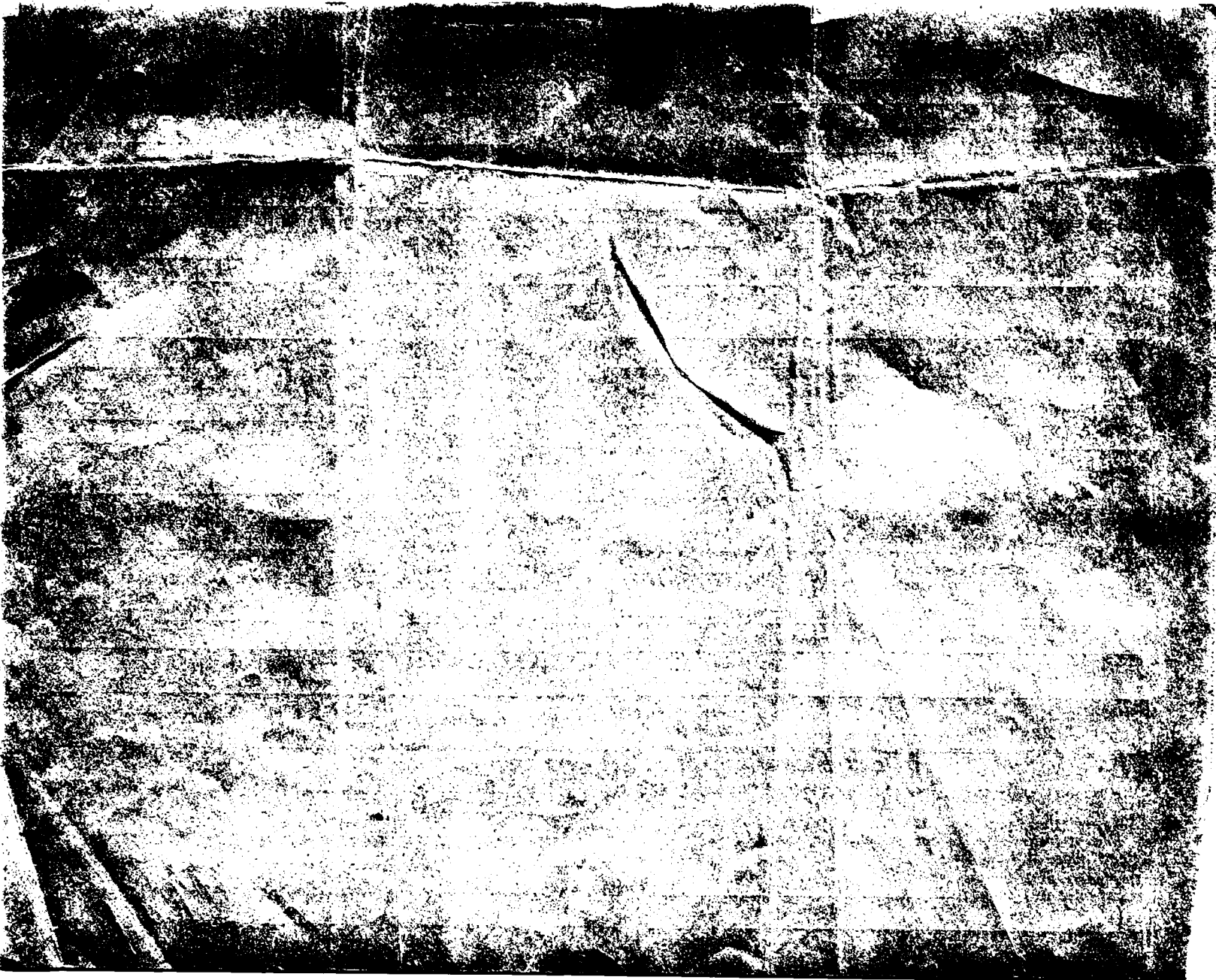
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACED IN 1935 RECEIVED  
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 COUNTY OF Bannock  
 CITY OF Pocatello  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
 95577  
 State File No. \_\_\_\_\_

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 476

(No. \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernard James Walker  
 (a) Residence, No. 205th ave. So of Pocatello City  
 (Usual place of abode)  
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single  
 5a. If married, widowed, or divorced HUSBAND of  
 6. DATE OF BIRTH (month, day and year) Oct 3, 1935  
 7. AGE Years Months Days If DESS than 1 day hrs. min.  
Still born  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello  
 (State or country) Idaho

13. NAME Bernard B. Walker

14. BIRTHPLACE (city or town) Louis  
 (State or country)

15. MAIDEN NAME M. Mildred Gray

16. BIRTHPLACE (city or town) Michigan  
 (State or country)

17. INFORMANT Bernard B. Walker  
 (Address) Pocatello, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place MT View Date Oct 4, 1935

19. UNDERTAKER D. C. Gray  
 (Address) Pocatello, Idaho

20. FILED Oct 4, 1935

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Oct 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1935, to 10-4, 1935

I last saw him alive on 10-5, 1935. death is said

to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) F. S. Miller, M. D.

(Address) Pocatello



# UNITED STATES-STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

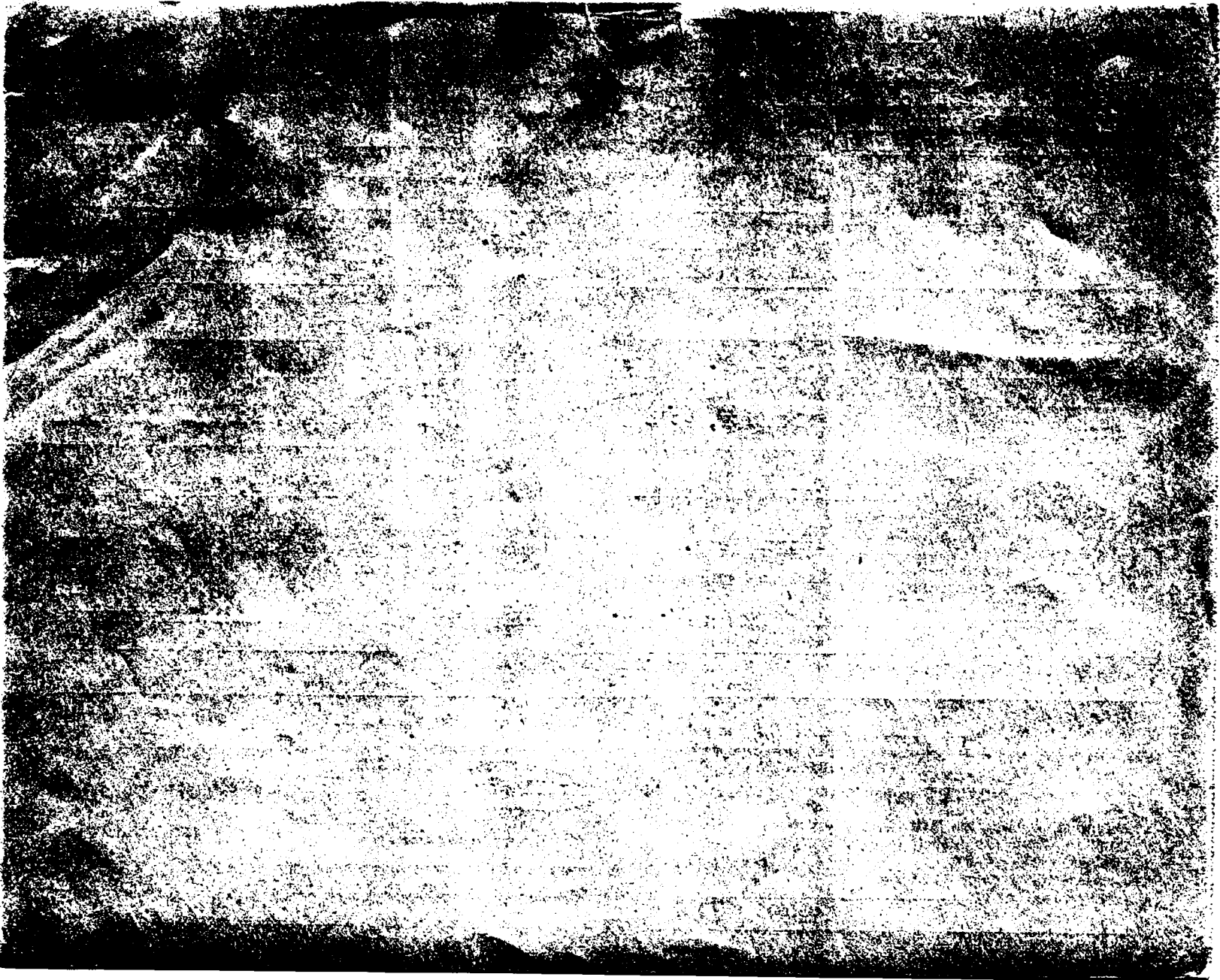
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS	
No. <u>101 South Johnson</u> St.		CERTIFICATE OF BIRTH	
<u>Pocatello General Hospital</u>		236796	
(If born in hospital or institution give name.)		Registration District No. <u>28</u> State File No. _____	
		Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>1050</u>	
2. FULL NAME OF CHILD <u>Still Born</u>			
3. Sex <u>Male</u>		8. Date of birth <u>Oct. 4</u> 19 <u>35</u> (Month, Day, Year)	
If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>2mo.</u> Full term _____	
		7. Legitimate? <u>Yes</u>	
9. Full name <u>FATHER</u> <u>Frank Conway Morris</u>		18. Full maiden name <u>MOTHER</u> <u>Kate Kelly</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1218 E. Center</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>	
11. Color or race <u>White</u>   12. Age at last birthday <u>55</u> (years)		20. Color or race <u>White</u>   21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or Country)		22. Birthplace (city or place) <u>Afton, Iowa</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clothing Salesman</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Teacher, Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Watson Bros.</u>		24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. <u>City Schools, Home</u>	
16. Date (month and year) last engaged in this work <u>Unemployed</u> , 19 <u>35</u>		25. Date (month and year) last engaged in this work <u>1/2 Teacher, Now Employed</u>	
17. Total time (years) spent in this work <u>1 yr. Un.</u>		26. Total time (years) spent in this work <u>3 Yrs. 17 Yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>yes</u>			
29. If stillborn, period of gestation <u>7 mo</u> { months _____ or weeks _____		30. Cause of stillbirth <u>Uremia</u> { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still Born</u> at <u>9:30 AM</u> on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>D. C. Ray</u> , M. D.			
or _____, Midwife			
Address _____			
Filed <u>11/5/35</u> , 19 <u>35</u> <u>D. C. Ray</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 16 1935 RECEIVED  
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 PLACE OF DEATH  
 County of Bannock  
 City of Pocatello  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

95576

State File No. ....

Registration District No. 28Primary Registration District No. 2767Local Registrar's No. 477(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Morris(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
October 4, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	<u>0</u>	<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinners, sawyer, bookkeeper, etc. Still-Born9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Pocatello, Idaho.  
(State or country)13. NAME Frank C. Morris14. BIRTHPLACE (city or town) Salt Lake City, Utah.  
(State or country)15. MAIDEN NAME Kate Kelly16. BIRTHPLACE (city or town) Afton, Iowa.  
(State or country)17. INFORMANT Frank C. Morris  
(Address) 118 East Center St. Poca.18. BURIAL, CREMATION OR REMOVAL  
Place Pocatello, Idaho. Date Oct. 4, 193519. UNDERTAKER Hall Mortuary  
(Address) Pocatello, Idaho.20. FILED Oct. 4, 1935  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 4, 1935.

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to ..... , 193....

I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Still born  
premature baby  
7 month gestation

Date of onset

Other contributory causes of importance:

Eclampsia  
in mother

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) ..... M. D.

(Address) Pocatello, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

NOV 13 1935

286825

113-110-203-815

(If born in hospital or institution give name.)

Registration District No. 84 State File No. S 59  
Prim. Registration District No. 2161 Local Registrar's No.

2. FULL NAME OF CHILD

3. Sex <i>Male</i>	4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <i>X</i>	7. Legiti- mate <i>Yes</i>	8. Date of birth <i>9-10, 1935</i> (Month, Day, Year)
9. Full name <i>Lynnard Ward Jacobson</i>		10. Residence (usual place of abode) (If non-resident, give place and State) <i>Buncraft</i>		
11. Color or race <i>W</i>		12. Age at last birthday <i>28</i> (years)		
13. Birthplace (city or place) (State or country) <i>Bloomington</i>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Relief</i>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <i>Relief</i>		16. Date (month and year) last engaged in this work <i>now</i>		
17. Total time (years) spent in this work <i>2 yr.</i>		18. Full maiden name <i>Sarah Louise Hansen</i>		
19. Residence (usual place of abode) (If non-resident, give place and State) <i>Buncraft</i>		20. Color or race <i>W</i>		
21. Age at last birthday <i>23</i> (years)		22. Birthplace (city or place) (State or country) <i>Marquette, Ida</i>		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <i>housekeeper</i>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <i>home</i>		
25. Date (month and year) last engaged in this work <i>Sept. 10, 1935</i>		26. Total time (years) spent in this work <i>4 yr.</i>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <i>none</i>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. <i>1</i>				
29. If stillborn, period of gestation <i>9 mo.</i> months or weeks				
30. Cause of stillbirth <i>unknown</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *stillborn* at *4:25* m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) *[Signature]*, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address *Buncraft Ida*  
Filed *10-10, 1935* *Mrs. J. J. [Signature]*  
Registrar

Registrar.

1944-1945

*[The page contains extremely faint, illegible text impressions.]*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <b>95601</b>	
County of <u>Bannock</u>		<b>CERTIFICATE OF DEATH</b>		Registration District No. <u>84</u>	
City of <u>Bancroft</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>16</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillbirth</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Bancroft</u> (State or country) <u>Ida</u>					
FATHER		13. NAME <u>Lyman Ward Jacobson</u>			
		14. BIRTHPLACE (city or town) <u>Bloomington</u> (State or country) <u>Ida</u>			
MOTHER		15. MAIDEN NAME <u>Sarah Louise Hansen</u>			
		16. BIRTHPLACE (city or town) <u>Mink Creek</u> (State or country) <u>Ida</u>			
17. INFORMANT <u>From birth certificate</u> (Address) <u>By Mrs. G. G. Fitz</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Sept 11-35</u> <u>Bancroft</u> , 193 <u>5</u>					
19. UNDERTAKER <u>Had none</u> (Address)					
20. FILED <u>Nov 1</u> , 193 <u>5</u> <u>Mrs. G. G. Fitz</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>9-10</u> 193 <u>5</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, 193 _____ I last saw him alive on _____, 193 _____; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u> <u>Full term - Cause unknown</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>ex</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 _____ Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>G. G. Fitz</u> , M. D. (Address) <u>Bancroft, Ida</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of the deceased's pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other **CONTRIBUTORY CAUSES** of importance:

*Gallstones*

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other **CONTRIBUTORY CAUSES** of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of and order of birth stated.

1. PLACE OF BIRTH  
County of Baynook  
City of Mt. Cannon  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236831

Registration District No. 84 State File No. ....  
Prim. Registration District No. 2161 Local Registrar's No. 62

2. FULL NAME OF CHILD Fern Guigley

3. Sex Female 4. Twin, triplet, or other .... 5. Number, in order of birth ....  
6. Premature yes 7. Legitimate yes 8. Date of birth Sept 14, 1935  
(Month, Day, Year)

9. FULL NAME OF FATHER Howard Henry Guigley  
10. Residence (usual place of abode) Mt. Cannon  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 31 (years)  
13. Birthplace (city or place) Shoshone Lake, Ida  
(State or country)

14. Trade, profession, or particular kind of work done, as sawyer, bootmaker, etc. Mountain Maintainer  
15. Industry or business in which work was done, as sawmill, bank, etc. Post Road  
16. Date (month and year) last engaged in this work Now  
17. Total time (years) spent in this work 13 yrs

18. FULL NAME OF MOTHER Edna Fern Wood  
19. Residence (usual place of abode) Mt. Cannon  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 32 (years)  
22. Birthplace (city or place) Blackfoot, Ida  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. Own Home  
25. Date (month and year) last engaged in this work Now  
26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0  
29. If stillborn, period of gestation 7 mo months or weeks 30. Cause of stillbirth Unknown  
Before labor .....  
During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child born alive on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

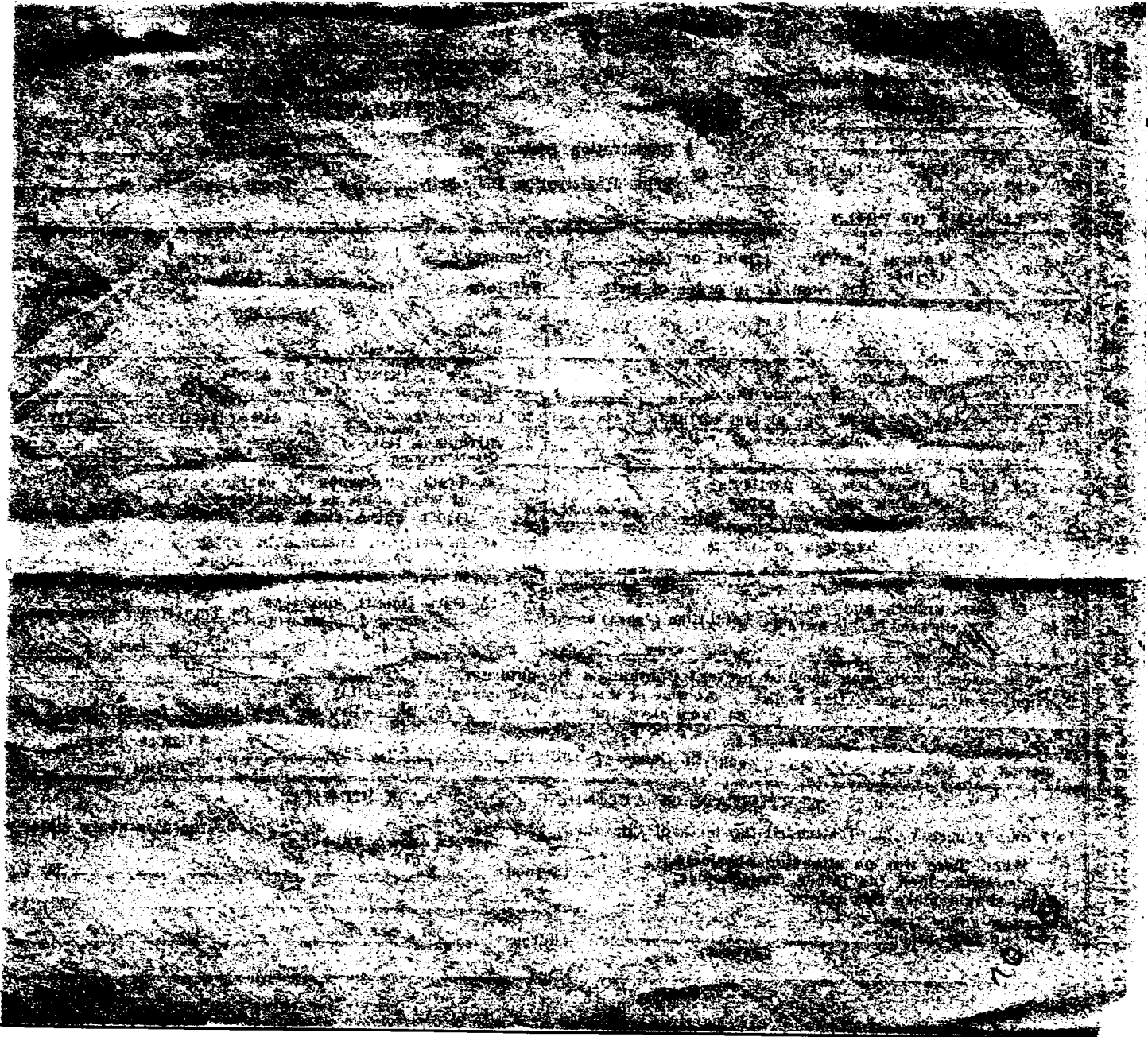
(Signed) E. H. Rich, M. D.

or \_\_\_\_\_, Midwife

Address Lava Hot Spring, Ida

Filed Oct 11, 1935 Mrs. J. G. Fitz

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot R.3  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Hans Drison (Stillborn)

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Yes Full term Yes 7. Legitimate Yes 8. Date of birth Oct. 1, 1935 (Month, Day, Year)

9. Full name James S. Drison FATHER

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Blackfoot, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Oct. 1, 1935

17. Total time (years) spent in this work 5 yrs

18. Full maiden name Virginia Ellen Hansen MOTHER

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Blackfoot, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Oct. 1, 1935

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother 1 (At time of this birth and including this child) / (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months \_\_\_\_\_ or weeks \_\_\_\_\_ 30. Cause of Stillbirth { During labor Yes Before labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 10:00 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 236863

NOV 8 1935 RECEIVED

Registration District No. 121 State File No. \_\_\_\_\_

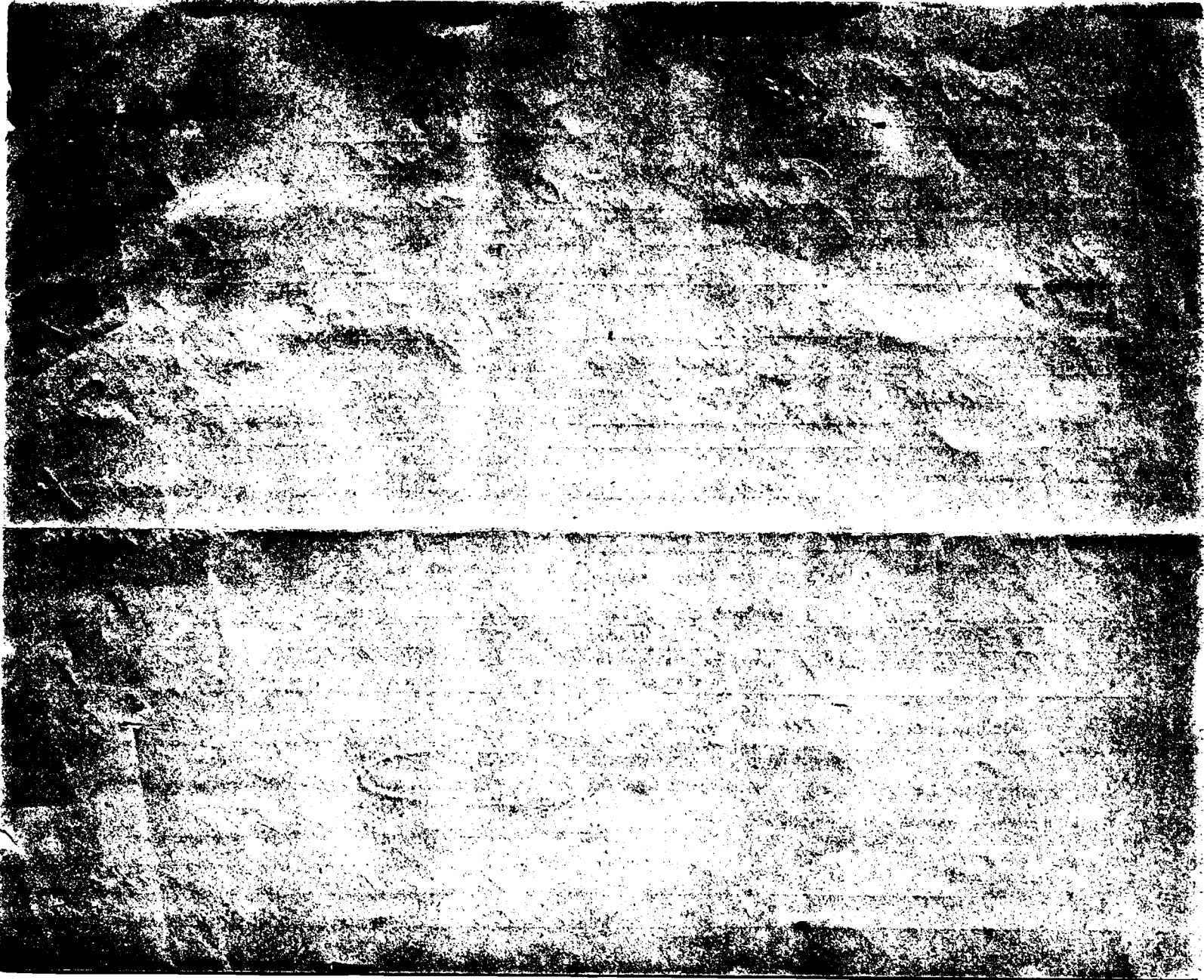
Prim. Registration District No. 2194 Local Registrar's No. 359

(Signed) M. E. Pattee M. D.

or \_\_\_\_\_ Midwife

Address Blackfoot, Idaho

Filed Nov. 1, 1935 Mrs. Helen E. Pattee Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>95645</u>	
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>167</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>James Henry Orison - Stubborn</u>					
(a) Residence. No. <u>Blackfoot Idaho R. 2</u> St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>8-</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct 1, 1935</u>					
7. AGE Years Months Days	If LESS than 1 day... hrs. or .... min.				
<u>Stubborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinners</u> , sawyer, bookkeeper, etc. <u>Turner</u>				
	9. Industry or business in which work was done, as <u>silk mill</u> , saw mill, bank, etc. <u>Iron Linn</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) <u>Oct 1, 1935</u> 11. Total time (years) spent in this occupation <u>11</u>				
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Ida.</u>				
	13. NAME <u>James J. Orison</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Idaho</u>				
	15. MAIDEN NAME <u>Virginia Ellen Hanson</u>				
MOTHER/FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Blackfoot, Idaho</u>				
	17. INFORMANT <u>Mrs. A. G. Hansen</u> (Address) <u>Blackfoot, Idaho</u>				
MOTHER/FATHER	18. BURIAL, CREMATION OR REMOVAL Place <u>Blackfoot, Idaho</u> Date <u>Oct 1, 1935</u>				
	19. UNDERTAKER <u>E. J. Cook</u> (Address) <u>Blackfoot, Idaho</u>				
20. FILED <u>Oct 1, 1935</u>		Registrar. <u>M. G. O'Brien</u>			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Oct 1, 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 1, 1935</u> to <u>Oct 1, 1935</u>					
I last saw him alive on <u>Sept 30, 1935</u> ; death is said to have occurred on the date stated above, at <u>10 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Detached Placenta</u>					
Other contributory causes of importance:					
<u>Contracted Pylorus</u>					
<u>Enlarged Heart</u>					
<u>Attempted Strangulation</u>					
<u>During 13 days previous</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....					
<u>Yes</u> <u>M. G. O'Brien</u> M. D.					
(Address) <u>Blackfoot, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Canyon  
City of Caldwell  
No. \_\_\_\_\_ St. \_\_\_\_\_  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
237051  
NOV 12 1935 RECEIVED  
CERTIFICATE OF BIRTH  
S  
Registration District No. 1 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 1005 Local Registrar's No. 241

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Boy</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>10/9/35</u> 193____ (Month, Day, Year)
		5. Number, in order of birth. _____	Full term <u>Yes</u>		

9. Full name <u>Homer F. Bledsoe</u>	FATHER	18. Full maiden name <u>Daisy Marie Crawford</u>	MOTHER
--------------------------------------	--------	--	--------

10. Residence (usual place of abode) <u>Caldwell, Ida</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Caldwell, Ida</u> (If non-resident, give place and State)
--	--

11. Color or race. _____	12. Age at last birthday <u>36</u> (years)	20. Color or race. <u>W.</u>	21. Age at last birthday <u>36</u> (years)
--------------------------	--	------------------------------	--

13. Birthplace (city or place) <u>Missouri</u> (State or Country)	22. Birthplace (city or place) <u>Missouri</u> (State or Country)
--	--

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

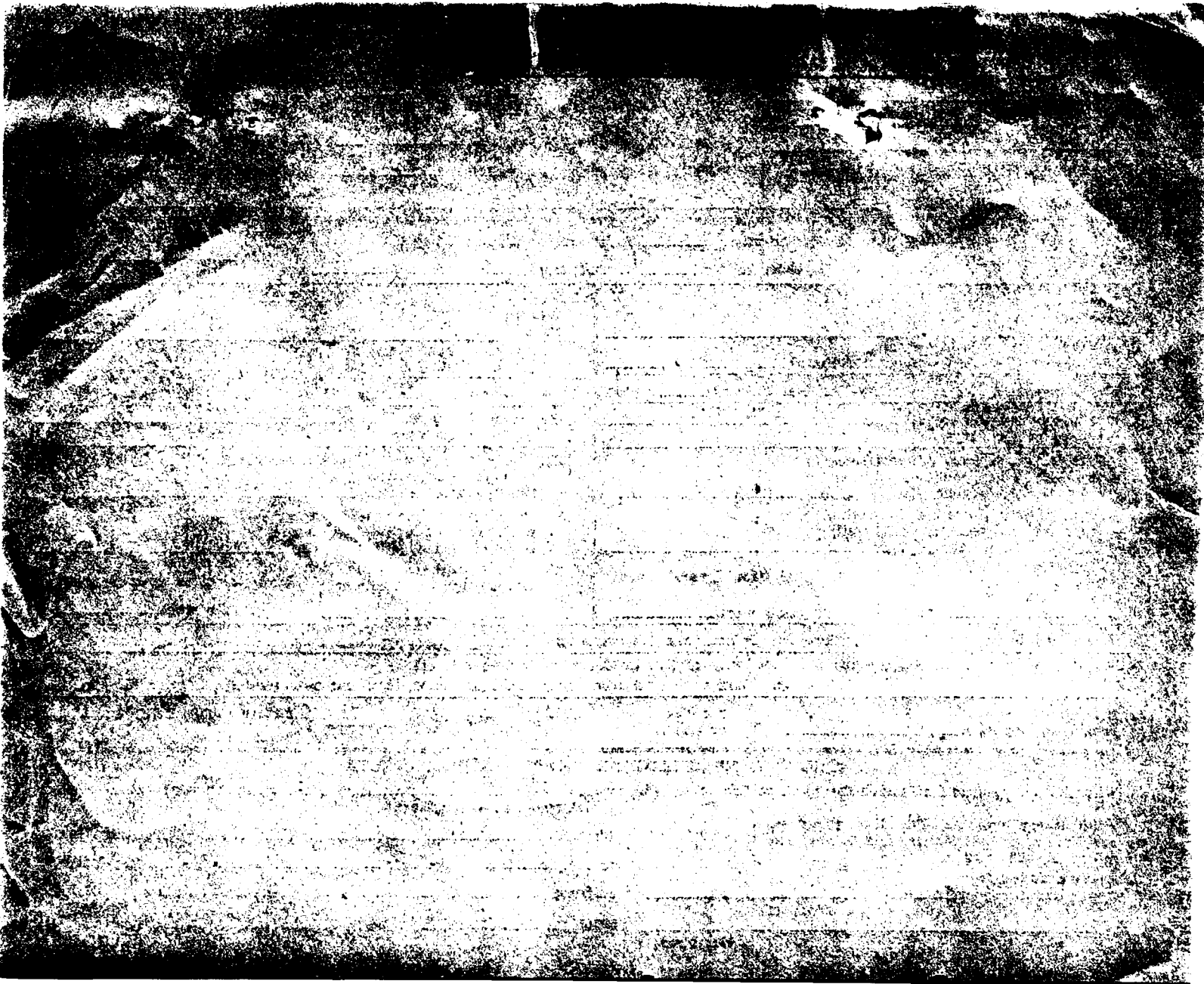
28. Number of children of this mother \_\_\_\_\_ (At time of this birth and including this child)  
(a) Born alive and now living... 8 (b) Born alive but now dead... 0 (c) Stillborn... 1

29. If stillborn, period of gestation. _____ { months or weeks	Premature separation of placenta	Before labor <u>Yes</u>	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 12:45 P on the date above stated.  
(Born Alive or Stillborn)  
(Signed) Wm. B. Handford M. D.  
or \_\_\_\_\_, Midwife  
Address Caldwell, Idaho  
Filed 10-10-35 193\_\_\_\_  
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report. \_\_\_\_\_  
(Date of) \_\_\_\_\_





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>	City of <u>Caldwell</u>	<b>CERTIFICATE OF DEATH</b>		File No. <u>95666</u>	
Registration District No. <u>1</u>		Primary Registration District No. <u>1005</u>		Local Registrar's No. <u>112</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Bledsoe</u>					
(a) Residence. No. _____ St. <u>Caldwell, Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>10-9-1935</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
MOTHER/FATHER	12. BIRTHPLACE (city or town). <u>Caldwell, Idaho</u> (State or country)				
	13. NAME <u>Homer J. Bledsoe</u>				
	14. BIRTHPLACE (city or town). <u>no</u> (State or country)				
	15. MAIDEN NAME <u>Daisy Marie Crawford</u>				
16. BIRTHPLACE (city or town). <u>no</u> (State or country)					
17. INFORMANT <u>Homer J. Bledsoe</u> (Address) <u>Caldwell, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Canyonville</u> Date <u>10-14, 1935</u>					
19. UNDERTAKER <u>Paul R. Case</u> (Address) <u>Caldwell, Idaho</u>					
20. FILED <u>10-10-1935</u> <u>M. Montgomery</u> Registrar.					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day and year) <u>10-9-1935</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>from Oct 9, 1935, to</u> , 193...					
I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Stillborn					Date of onset <u>Oct 9, 1935</u>
Other contributory causes of importance: <u>premature separation of placenta</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?... Was there an autopsy?..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193... Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....					
(Signed) <u>Wm B. Crawford</u> M. D. (Address) <u>Caldwell, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

352-119-014-415

OCT 22 1935 RECEIVED

1. PLACE OF BIRTH  
County of Campan  
City of Nampa  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Bacon Maternity Home  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

237063

Registration District No. 7 State File No. \_\_\_\_\_  
Prim. Registration District No. 2006 Local Registrar's No. 3007

2. FULL NAME OF CHILD "S. Stillborn" Lester

3. Sex M If plural births { 4. Twin, triplet, or other Surin 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? yes 8. Date of birth 9-19-1935  
(Month, Day, Year)

9. Full name FATHER Harley Lester 18. Full maiden name MOTHER Ernie Artha Davis  
10. Residence (usual place of abode) Nampa 19. Residence (usual place of abode) Nampa  
(If non-resident, give place and State) (If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 38 (years) 20. Color or race White 21. Age at last birthday 26 (years)  
13. Birthplace (city or place) Campan, Idaho 22. Birthplace (city or place) Star, Idaho  
(State or Country) (State or Country)

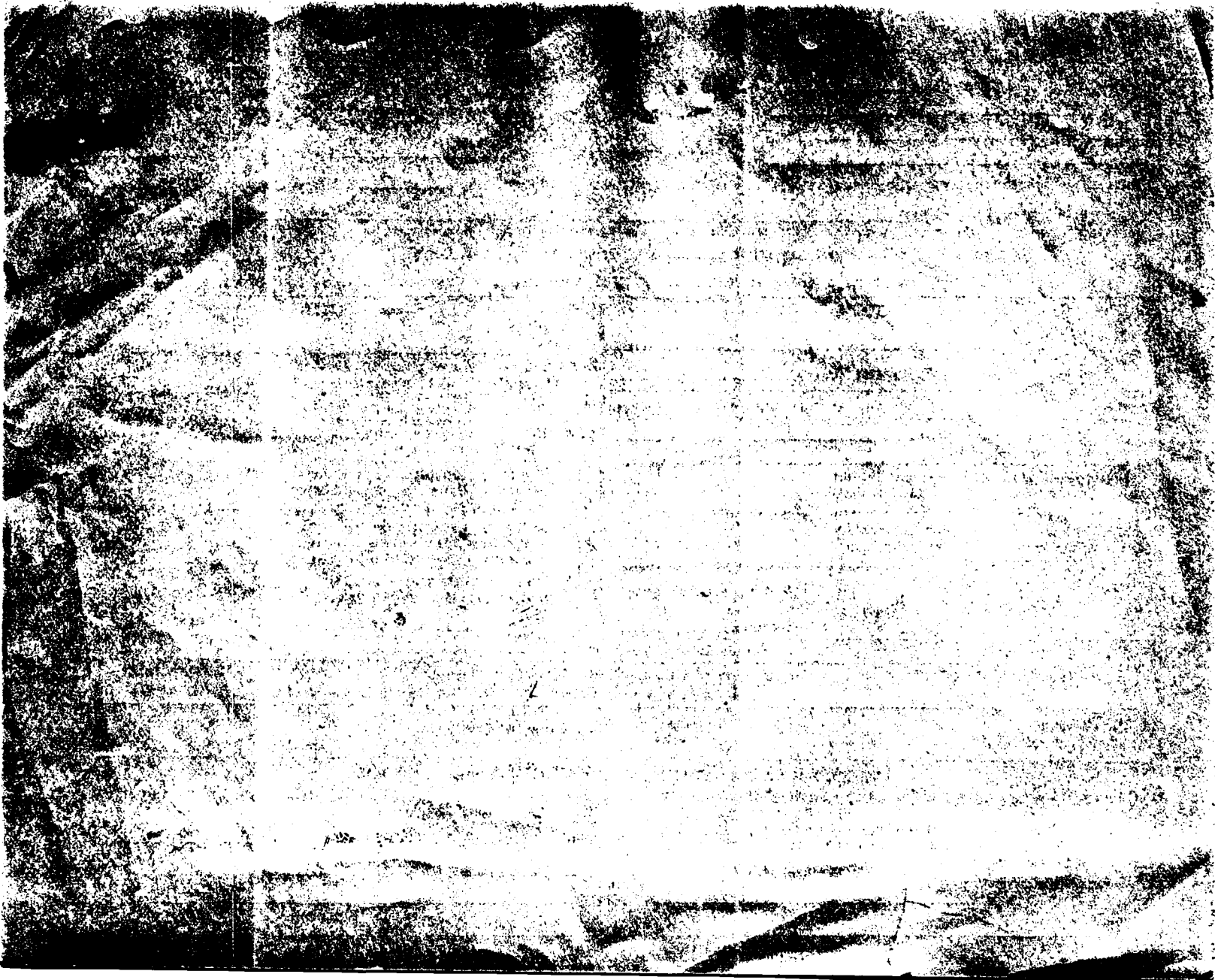
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_  
19. \_\_\_\_\_ 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 10 70  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks 30. Cause of Stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 a. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registral. \_\_\_\_\_  
(Signed) J. C. Horton, M. D.  
or \_\_\_\_\_, Midwife  
Address Nampa, Idaho  
Filed Oct-15-1935 Lyda Rodgers



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 20 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
95287  
State File No. ....

County of Campan  
City of Nampa

Registration District No. 7  
Primary Registration District No. 2006 Local Registrar's No. 166

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Son of Mr + Mrs  
(a) Residence Nampa, Idaho  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word)			21. DATE OF DEATH (month, day and year)	<u>9-19</u> 193 <u>5</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from	<u>9-19</u> 193 <u>5</u> , to
6. DATE OF BIRTH (month, day, and year)					I last saw him alive on <u>9-19</u> , 193 <u>5</u> ; death is said to have occurred on the date stated above, at <u>9:30 PM</u> .	
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					Date of onset	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Still born. Due to efforts at respiration before birth. Second of twins. Transverse position.	
10. Date deceased last worked at this occupation (mo. and yr.)					Other contributory causes of importance:	
11. Total time (years) spent in this occupation						
12. BIRTHPLACE (city or town) (State or country)					Name of operation..... Date of.....	
13. NAME <u>Harley Lester</u>					What test confirmed diagnosis?..... Was there an autopsy?.....	
14. BIRTHPLACE (city or town) (State or country)					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193...	
15. MAIDEN NAME <u>Emma Daves</u>					Where did injury occur?..... (Specify city or town, county, and state)	
16. BIRTHPLACE (city or town) (State or country)					Specify whether injury occurred in industry, in home, or in public place. ....	
17. INFORMANT <u>H. Lester</u> (Address) <u>Nampa, Ida</u>					Manner of injury.....	
18. BURIAL, CREMATION OR REMOVAL Place <u>Nampa, Ida</u> Date <u>9-20</u> , 193 <u>5</u>					Nature of injury.....	
19. UNDERTAKER <u>F. K. Robinson</u> (Address) <u>Nampa, Ida</u>					24. Was disease or injury in any way related to occupation of deceased?..... If so specify	
20. FILED <u>Sept 30, 1935</u> <u>Lyda Rodgers</u> Registrar					(Signed) <u>J. Porter</u> M. D. (Address) <u>Nampa, Ida</u>	

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

296-21018-653

1. PLACE OF BIRTH  
County of Saginaw  
City of Bucley  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beryl Broadhead

3. Sex Female 4. Twin, triplet, or other single 5. Number, in order of birth 2

9. Full name FATHER Edward Broadhead

10. Residence (usual place of abode) (If non-resident, give place and State) Bucley, Mich.

11. Color or race wh. 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or country) Wilford, Wt.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Acid silver 10%

28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 6 mo months or weeks 30. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Bucley, Mich.

Filed Oct 24, 1935 Laura G. Proche Registrar.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S 237105

Registration District No. 117 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 256

18. Full maiden name MOTHER Margaret Bellwell  
19. Residence (usual place of abode) (If non-resident, give place and State) Bucley, Mich.  
20. Color or race wh. 21. Age at last birthday 33 (years)  
22. Birthplace (city or place) (State or country) Wilford, Wt.  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, \_\_\_\_\_  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_



FROM  
DEPARTMENT OF PUBLIC  
WELFARE  
BOISE, IDAHO  
Box 2149

IDAHO

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

95694

State File No.

County of RossiaCity of BurleyRegistration District No. 117Primary Registration District No. 2196Local Registrar's No. 96(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Broadhead(a) Residence. No. North Shadle Ave. St. Burley Ida(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>
--------------------	------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofInfant6. DATE OF BIRTH (month, day, and year) 9-11-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Infant12. BIRTHPLACE (city or town)  
(State or country)Burley Idaho

FATHER	MOTHER
--------	--------

13. NAME Edward B. Broadhead14. BIRTHPLACE (city or town)  
(State or country) Richfield Utah15. MAIDEN NAME Mary A. Hallowell16. BIRTHPLACE (city or town)  
(State or country) Heyburn, Ida.17. INFORMANT Edward B. Broadhead  
(Address) Burley Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Regina Date 9-11, 193519. UNDERTAKER Laura E. Sprocher  
(Address) Burley Ida20. FILED 9-11-1935 Laura E. Sprocher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-11-1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 193\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature delivery

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_.Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. M. Kelly, M. D.(Address) Burley

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296-211 016-853

PLACE OF BIRTH

County of Cass  
City of Burlington  
No. 117

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

237100

1935 RECEIVED

(If born in hospital or institution give name)

Registration District No. 117 State File No. 237100

Prim. Registration District No. 2196 Local Registrar's No. 264

2. FULL NAME OF CHILD Baby Broadhead

3. Sex Male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 9-12-1935  
(Month, Day, Year)

9. Full name FATHER Edward Broadhead

18. Full maiden name MOTHER Mary A. Delwell

10. Residence (usual place of abode) (If non-resident, give place and State) Burlington, Ia.

19. Residence (usual place of abode) (If non-resident, give place and State) Burlington, Ia.

11. Color or race Wh. 12. Age at last birthday 23 (years)

20. Color or race Wh. 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or country) Pittsfield, Ct.

22. Birthplace (city or place) (State or country) Dayton, Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Laloral 10.7.6

28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 6 mo months or weeks 30. Cause of stillbirth Before labor  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Burlington, Ia. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. H. Delwell, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report. \_\_\_\_\_  
(Date of)

Address Burlington, Ia.

Filed Oct 24, 1935 Laura V. Gresham  
Registrar.

Contents—Merchandise 3rd o  
4th Class Matter.  
Postmaster—May be opened for  
Postal Inspection.  
Return Postage Guaranteed.  
Postmaster:—If not Delivered  
in ten days, check reason for  
non-delivery and return to us  
Do not return before expiration  
of ten days, regardless of reason  
for non-delivery. See amended  
Specs. 595 & 637 P. L. & R.  
Unclaimed [ ] Refused [ ]  
Unknown [ ]

To:

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of CassiaCity of Burley
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 95695Registration District No. 117Primary Registration District No. 2196Local Registrar's No. 95
 (No. ....)  
 (If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Baby Broadhead.(a) Residence. No. North shodde Ave.St. Burley Ida
 (Usual place of abode)  
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX F 4. COLOR OR RACE N 5. Single, Married, Widowed, or Divorced (write the word) Infant

 5a. If married, widowed, or divorced  
 HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day, and year) 9-11-1935;
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation Infant
12. BIRTHPLACE (city or town) Burley  
(State or country) Idaho.13. NAME Edward B. Broadhead.14. BIRTHPLACE (city or town) Richfield  
(State or country) Utah.15. MAIDEN NAME Mary A. Hobbewell Heyburn, Ida.16. BIRTHPLACE (city or town) Heyburn, Ida.  
(State or country)17. INFORMANT Edward B. Broadhead.  
(Address) Burley Idaho.18. BURIAL, CREMATION, OR REMOVAL  
Place Heyburn, Ida. Date 9-11, 193519. UNDERTAKER Laura G. Spracher  
(Address) Burley Ida20. FILED 9-11, 1935 Laura G. Spracher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 19322. I HEREBY CERTIFY, That I attended deceased from .....  
....., 193....., to ..... , 193.....
 I last saw h..... alive on....., 193.....: death is said  
 to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance  
 were as follows:
Premature delivery

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 193.....  
 Where did injury occur?  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) M. D......, M. D.  
 (Address) Burley

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Franklin **NOV 10 1935 RECEIVED** STATE OF IDAHO  
County of Franklin DEPARTMENT OF PUBLIC WELFARE  
City of Minic Creek BUREAU OF VITAL STATISTICS 237165 **S**  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 27 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 81

2. FULL NAME OF CHILD Stillborn Nelson

3. Sex Male If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature X 7. Legitimate? Yes 8. Date of birth Oct 11 1935  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, Day, Year)

9. Full name FATHER Willard Nelson 18. Full maiden name MOTHER Lea Bee

10. Residence (usual place of abode) Minic Creek 19. Residence (usual place of abode) Minic Creek  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 43 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Minic Creek 22. Birthplace (city or place) Nelson, Idaho  
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
18. Date (month and year) last engaged in this work \_\_\_\_\_ 19. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 1

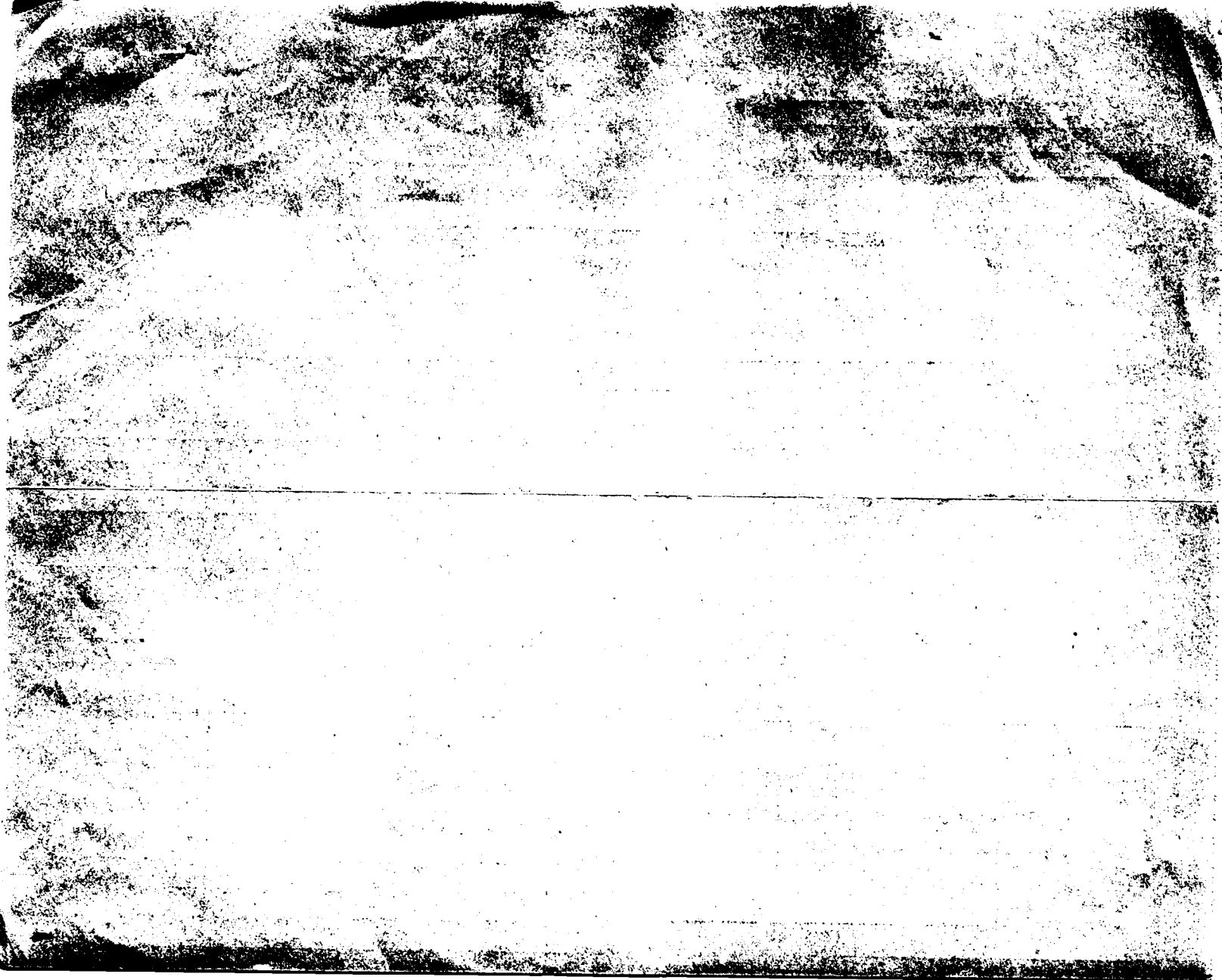
29. If stillborn, period of gestation 5 months 30. Cause of stillbirth Ectopic  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 p.m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) J. R. Cutler, M. D.  
or Preston, Idaho, Midwife  
Address \_\_\_\_\_  
Filed Nov 8, 1935, G. W. States, Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Franklin  
City of Mink Creek

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 95717Registration District No. 27Primary Registration District No. 3119Local Registrar's No. 28

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Nelson(a) Residence. No. Mink Creek, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. Color or Race White  
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
October 11, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.  
0

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mink Creek  
(State or country) Idaho

13. NAME L. Willard Nelson

14. BIRTHPLACE (city or town) Mink Creek  
(State or country) Idaho

15. MAIDEN NAME Iva Bell

16. BIRTHPLACE (city or town) Weston  
(State or country) Idaho

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Date, 193...

19. UNDERTAKER (Address)

20. FILED Nov 8, 1935 G. W. Stiles  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-11-1935

22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 11, 1935, to Oct. 11, 1935.

I last saw <sup>im</sup> alive on ..... 193...; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

.....  
Stillborn

Other contributory causes of importance:

.....  
Premature

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury, 193...  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) G. W. Stiles, M. D.  
(Address) Preston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3265 719 14 022 592

1. PLACE OF BIRTH  
County of Fremont City of Leton No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 99 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 21 97 Local Registrar's No. 7 23

2. FULL NAME OF CHILD Bulay Gardner

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>10 14</u> , 193 <u>5</u> (Month, Day, Year)
9. Full name <u>James Ellis Gardner</u>	FATHER		18. Full maiden name <u>Neta Mublay</u>	
10. Residence (usual place of abode) <u>Leton City</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Leton City</u> (If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Idaho</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____
19. _____		in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation full term { months \_\_\_\_\_ or weeks \_\_\_\_\_

30. Cause of Stillbirth knut in cord { During labor few days before birth Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

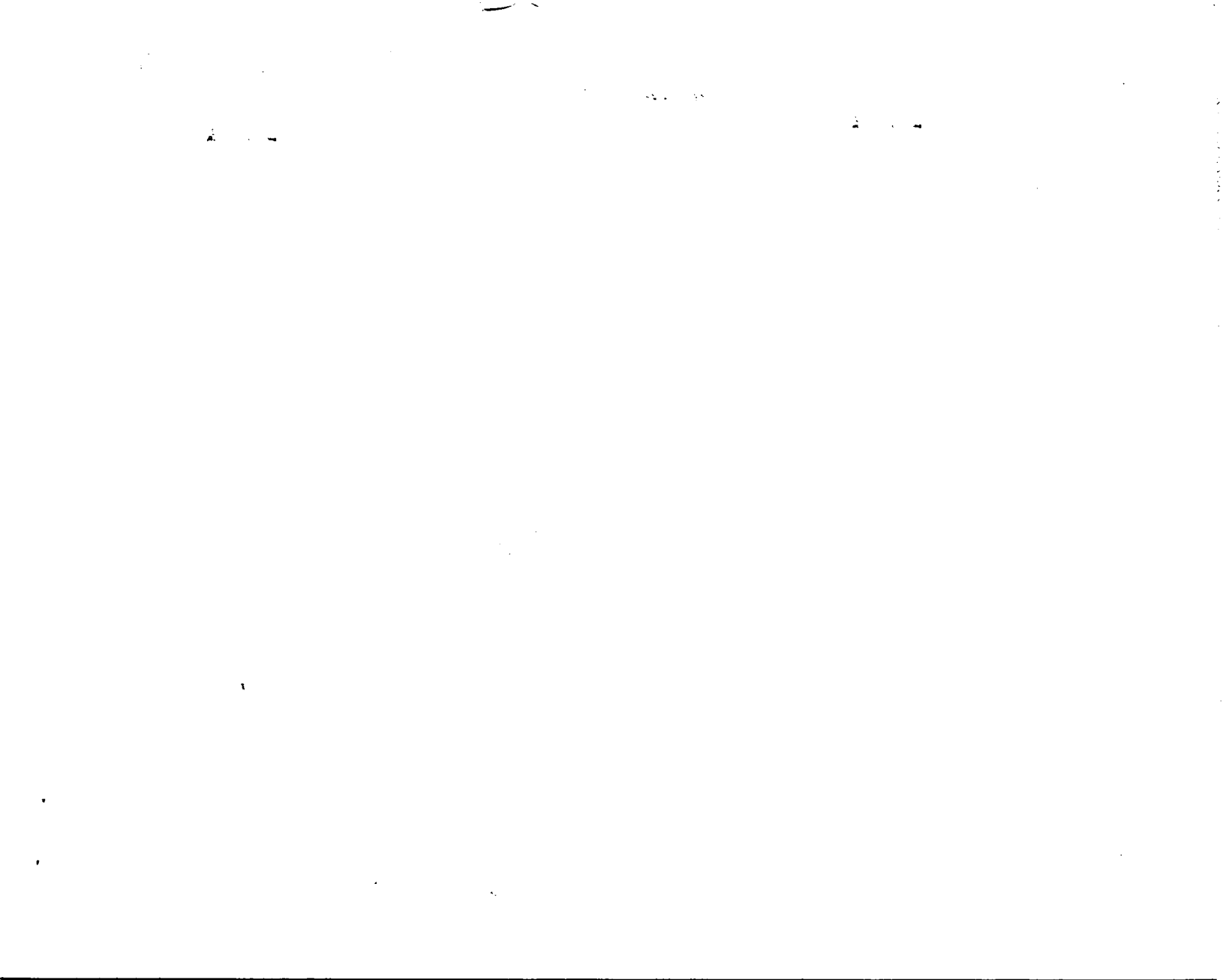
I hereby certify that I attended the birth of this child, who was Born Alive or Stillborn 305 PMA m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. Lorin J. Rich, M. D.  
Address Rexburg Idaho  
Filed Nov -, 1935 Sarah B. Munk  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

3265

NOV 14 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County of Fremont  
City of Seton  
Registration District No. 99  
Primary Registration District No. 2177

DO NOT WRITE IN THIS SPACE  
State File No. 95723  
Local Registrar's No. 186-

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby — Gardner 206  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Seton</u> 193 <u>5</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>born 10/14</u> , 193 <u>5</u> , to _____, 193 <u>5</u> . I last saw him alive on <u>Oct 10-14</u> , 193 <u>5</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> Date of onset: _____	
6. DATE OF BIRTH (month, day, and year) <u>10-14-35</u>						
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>						
10. Date deceased last worked at this occupation (month and year) _____					Other contributory causes of importance: <u>Pre-natal knot in umbilical cord</u> <u>few days before birth</u>	
11. Total time (years) spent in this occupation _____						
12. BIRTHPLACE (city or town) (State or country) <u>Seton City, Fremont County Idaho</u>						
13. NAME <u>James Ellis Gardner</u>					Name of operation <u>none</u> Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Seton City, Idaho</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Neta Hubley</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>5</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
16. BIRTHPLACE (city or town) (State or country) <u>Seton City, Idaho</u>					Manner of injury _____ Nature of injury _____	
17. INFORMANT (Address) <u>James Ellis Gardner, Seton Idaho</u>					24. Was disease or injury in any way related to occupation of deceased? <u>10/14</u> If so, specify _____ (Signed) <u>Lois St. Rich</u> M. D. 32 (Address) <u>Lexburg Idaho</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Seton</u> Date <u>10/15</u> 193 <u>5</u>						
19. UNDERTAKER (Address) <u>Dr. M. H. Haines, 214. Argusway Idaho</u>						
20. FILED <u>Nov</u> , 193 <u>5</u> <u>Sarah B. Munk</u> Registrar.						

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**Registrar.**



SECRET

SECRET

[The remainder of the page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document. The text is mirrored and cannot be accurately transcribed.]

AUG 6 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of GernCity of Emmett

## CERTIFICATE OF DEATH

State File No. 94587Registration District No. 6

Primary Registration District No. ....

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant son of Walter Crane

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
New Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Ida13. NAME Walter Crane14. BIRTHPLACE (city or town) (State or country) Yuma Ariz15. MAIDEN NAME Florence Murphy16. BIRTHPLACE (city or town) (State or country) Tredonia Kans17. INFORMANT Walter Crane (Address) 1020 Boise Ave18. BURIAL, CREMATION OR REMOVAL Place... Emmett Ida Date... July 29 193519. UNDERTAKER C. D. Buckner (Address) Emmett Ida20. FILED July 29, 1935 J. H. Raynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 28 193522. I HEREBY CERTIFY, That I attended deceased from July 28, 193... to July 28, 193...I last saw h... alive on ....., 193...; death is said to have occurred on the date stated above, at birth m.

The principal cause of death and related causes of importance were as follows:

Still-born due to dystocia of shoulders

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193...

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) J. H. Raynolds M. D.(Address) Emmett Ida

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

211 125029 797

1. PLACE OF BIRTH

County of Latona  
City of Potlatch  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

237279

Registration District No. 65 State File No. \_\_\_\_\_

Prim. Registration District No. 2145 Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD (Saad) Still Born

3. Sex Male If plural births { 4. Twin, triplet, or other ✓ 6. Premature ✓ 7. Legitimate? yes 8. Date of birth Dec 35, 1935 (MONTH, DAY, YEAR)

9. Full name FATHER Theodore G. Saad 18. Full maiden name MOTHER Pearl Margaret Piper

10. Residence (usual place of abode) Potlatch 19. Residence (usual place of abode) Potlatch (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Troy Idaho 22. Birthplace (city or place) Montana (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented shop 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Rented home

16. Date (month and year) last engaged in this work Dec 1935 17. Total time (years) spent in this work 10 yrs 25. Date (month and year) last engaged in this work Dec 1935 26. Total time (years) spent in this work 10 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months weeks 29. Cause of stillbirth Abruptio Placentae Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 6 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Dr. J. W. Thompson M. D.

or \_\_\_\_\_ Midwife

Address Potlatch

Filed Dec 27, 1935 Dr. J. W. Thompson Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

UNITED STATES

Page 1

100

100

MARGIN RESERVED FOR BINDING  
PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 16 1935 RECEIVED

PLACE OF DEATH

County of Latah  
City of Potlatch

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 95759

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 206

(No. Potlatch Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Saad Still Born

(a) Residence No. St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. Color or Race White  
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)  
Oct. 25, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.  
0 0 0 0

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) ✓  
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Potlatch  
(State or country) Ida.

13. NAME Theodore G. Saad  
Troy

14. BIRTHPLACE (city or town) Ida.  
(State or country)

15. MAIDEN NAME Pearl Margaret Piper

16. BIRTHPLACE (city or town) Missoula  
(State or country) Mont.

17. INFORMANT Theodore G. Saad  
(Address) Potlatch, Ida.

18. BURIAL, CREMATION, or other disposal Normal  
Place Moscow, Ida. Date 10/28, 1935

19. UNDERTAKER H. R. Shou  
(Address)

20. FILED Oct 27, 1935 D. W. Thompson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/25 1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 193...., to ..... 193....

I last saw h.... alive on ..... 193....; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Still Born.  
Date of onset  
.....  
.....  
.....  
Other contributory causes of importance:  
abruptio placentae

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) J. W. Thompson, M. D.  
(Address) Potlatch

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Idaho **NOV 16 1935 RECEIVED** STATE OF IDAHO  
County of Shoshone DEPARTMENT OF PUBLIC WELFARE  
City of Salmon BUREAU OF VITAL STATISTICS  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 41 State File No. 237307  
(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No. \_\_\_\_\_  
2. FULL NAME OF CHILD Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legitimate? \_\_\_\_\_ 8. Date of birth Oct 11, 1935  
5. Number, in order of birth \_\_\_\_\_ Full term no (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Rulon Young</u>	18. Full maiden name <u>Mary Leon McWilliam</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Salmon</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Salmon</u>
11. Color or race <u>wh</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>wh</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or Country) <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>New Mexico</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>St. W.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	16. Date (month and year) last engaged in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1  
29. If stillborn, period of gestation 5 months { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_ { Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 12 noon m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return. {  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registered. Nov 14, 1935 Chas C. Bellamy Registrar.



MODE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Way Pierce</u> <b>NOV 14 1935 RECEIVED</b> City of <u>Lemotons</u> No. <u>St. Joseph's Hospital</u> St. (If born in hospital or institution give name) 2. FULL NAME OF CHILD <u>Chester Lewis (M. U. Born)</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF BIRTH</b> <b>237355</b> Registration District No. <u>1009</u> State File No. _____ Prim. Registration District No. <u>96</u> Local Registrar's No. _____		
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>ye</u>	8. Date of birth <u>Oct 24 1935</u> (Month, Day, Year)
9. Full name <u>Jack C. Lewis</u>	FATHER		18. Full maiden name <u>Eloie Matthews</u>	
10. Residence (usual place of abode) (If non-resident give place and State) <u>Lemotons Ida.</u>	11. Color or race <u>white</u>		12. Age at last birthday <u>35</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Nebraska</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Road work</u>	
16. Date (month and year) last engaged in this work <u>Oct 18 1935</u>	17. Total time (years) spent in this work <u>10</u>		18. Full maiden name <u>Eloie Matthews</u>	
19. Residence (usual place of abode) (If non-resident give place and State) <u>same</u>	20. Color or race <u>white</u>		21. Age at last birthday <u>24</u> (years)	
22. Birthplace (city or place) (State or Country) <u>South Dak.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housework</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
25. Date (month and year) last engaged in this work <u>Oct 22 1935</u>	26. Total time (years) spent in this work <u>7 yrs</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agua</u>	
28. Number of children of this mother (At time of this birth and including this child) <u>5</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>4</u>	29. If stillborn, period of gestation <u>full term</u> { months _____ or weeks _____		30. Cause of stillbirth <u>Contracted fetus</u> { Before labor _____ During labor <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was M. U. Born at 4:30 p. m. on the date above stated.  
(Born Alive or Dead)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Thelma R. Habel, M. D.  
or \_\_\_\_\_, Midwife  
Address Lemotons Ida.  
Filed Nov. 12, 1935 J. M. Hylb  
Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 12 1935 RECEIVED

Dr Habel

## PLACE OF DEATH

County of Nez Perce  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 95806Registration District No. 1009Primary Registration District No. 96 Local Registrar's No. 206

(No. St. Joseph's Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chester Lewis(a) Residence. No. 1350 Main St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced  
HUSBAND of ☒  
(or) WIFE of ☒

6. DATE OF BIRTH (month, day, and year)

Oct. 24, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
☒ ☒ ☒

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Oct. 24, 1935 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho

13. NAME Jack Lewis

14. BIRTHPLACE (city or town) Takama  
(State or country) Nebraska

15. MAIDEN NAME Elsie Mathews

16. BIRTHPLACE (city or town) Parrish  
(State or country) South Dakota

17. INFORMANT Jack Lewis  
(Address) 1350 Main Lewiston, Ida

18. BURIAL, CREMATION OR REMOVAL  
Place Lewiston, Ida Date Oct. 25, 1935

19. UNDERTAKER Bruever Wann Co.  
(Address) Lewiston, Ida

20. FILED Nov. 1, 1935 J. M. Ryb.  
Regist. Ida

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 24 1935

22. I HEREBY CERTIFY That I attended deceased from Oct. 24, 1935, to Nov. 1, 1935.

I last saw him alive on Oct. 24, 1935; death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Stroke

Date of onset

Other contributory causes of importance:

Contracted polio

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specify polio.

(Signed) McLaur Pitt Habel, M. D.(Address) Lewiston, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <b>NOV 14 1935 RECEIVED</b>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF BIRTH</b>		<b>S</b> <b>237365</b>
County of <u>Nez Perce</u> City of <u>Lewiston</u>		Registration District No. <u>1009</u> State File No. _____		
No. <u>St. Joseph Hospital</u> St. _____ (If born in hospital or institution give name.)		Prim. Registration District No. <u>96</u> Local Registrar's No. _____		
2. FULL NAME OF CHILD <u>Male infant</u>				
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. <u>—</u>	5. Number, in order of birth. <u>—</u>	6. Premature <u>Yes</u> Full term <u>—</u>
		7. Legitimate? <u>No</u>	8. Date of birth <u>10-7-1935</u> (Month, Day, Year)	
9. Full name <u>Patient refuses to divulge this information</u>		18. Full maiden name <u>Elsie May Suttan</u>		
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston Idaho</u>		
11. Color or race. _____		20. Color or race <u>W</u>		
12. Age at last birthday. _____ (years)		21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) (State or Country)		22. Birthplace (city or place) (State or Country) <u>Madison Oklahoma</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Clerk</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Relief office</u>		
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>35</u>		
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>One year</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ag. No. 2%</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>ONE</u> (b) Born alive but now dead _____ (c) Stillborn <u>ONE</u>				
29. If stillborn, period of gestation _____ months <u>5 1/2</u> or weeks _____		30. Cause of stillbirth <u>UNKNOWN</u> Before labor _____ During labor _____		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

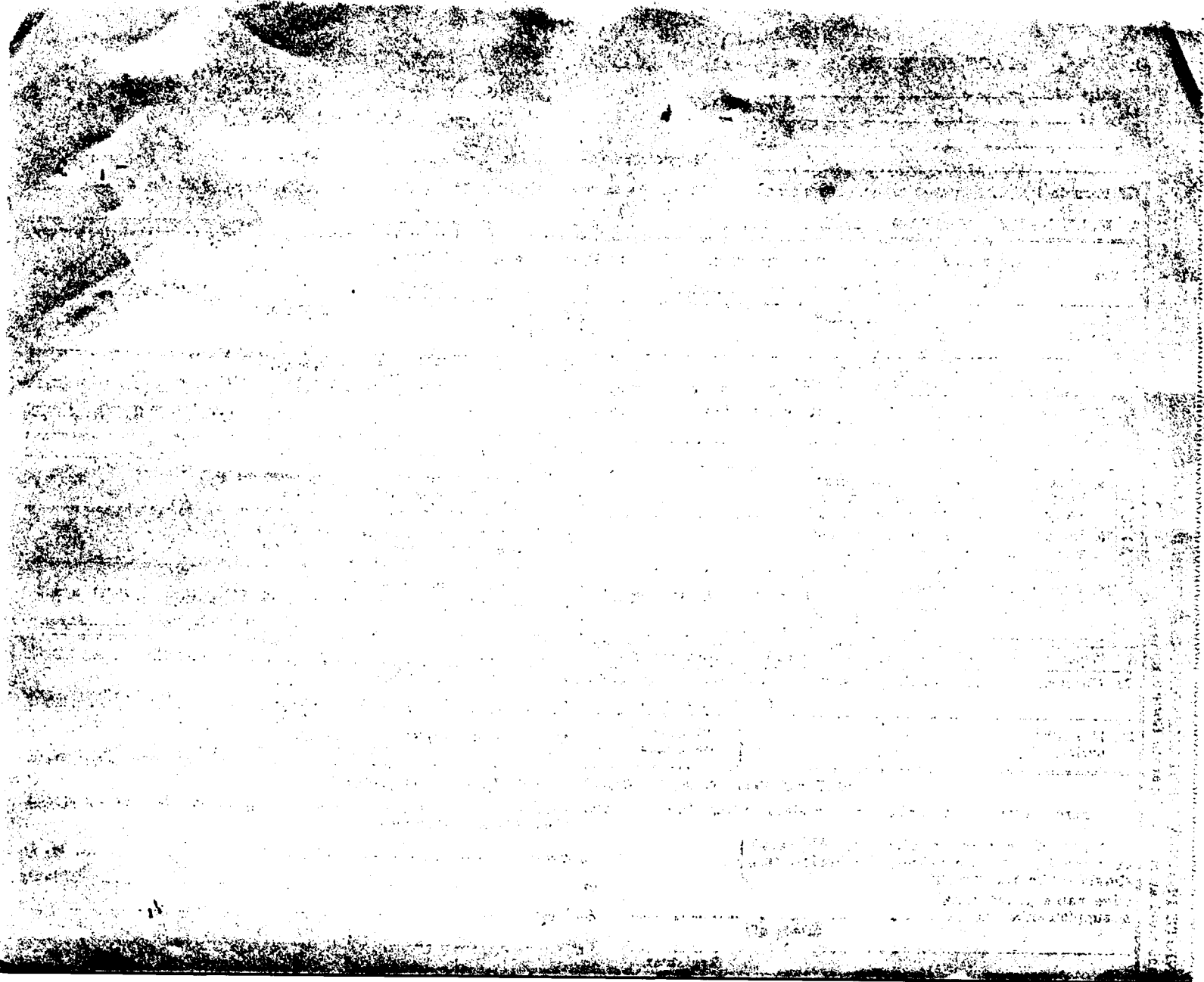
I hereby certify that I attended the birth of this child, who was Still born at 12:25 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Wm. R. R., M. D.  
or \_\_\_\_\_ Midwife  
Address Lewiston Idaho  
Filed Oct 28, 1935 J. M. Lyle Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 12 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **95802**

County of Jefferson  
City of Lewiston

Registration District No. 1009

Primary Registration District No. St. Joseph Hospital

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Vaughan

(a) Residence. No. 422 - Adams St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Oct. 7<sup>th</sup> 1935

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME Clarence Vaughan

14. BIRTHPLACE (city or town) No record (State or country)

15. MAIDEN NAME Elsie Sutton

16. BIRTHPLACE (city or town) Madison (State or country) Idaho

17. INFORMANT Mrs. C. Vaughan (Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Idaho date Oct. 8, 1935

19. UNDERTAKER Dorothy W. Wynn Co. (Address) Lewiston Idaho

20. FILED Oct. 28, 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 7<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct., 7, 1935, to Oct 7, 1935

I last saw him alive on Oct. 7, 1935; death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity Stillbirth  
Premature infant  
Five and one half month pregnancy

Date of onset 10-1-35

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 1935.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) Thos. M. D.

(Address) Lewiston Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

5 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

135 225 040-678

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

NOV 14 1935 RECEIVED

237436 S

CERTIFICATE OF BIRTH

County of Shoshone  
City of Wallace  
No. Canyon Ave.  
Providence Hotel

Registration District No. 70 State File No. 61  
Prim. Registration District No. 1011 Local Registrar's No. 61

(If born in hospital or institution give name)

2. FULL NAME OF CHILD Stenna Alverson

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth 1 6. Premature Yes Full term \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Oct. 25, 1925 (Month, Day, Year)

9. Full name Glen Dale Alverson FATHER 18. Full maiden name Pearl Therese Ophelm MOTHER

10. Residence (usual place of abode) Wallace, Ida. (If non-resident, give place and State) 19. Residence (usual place of abode) Wallace, Ida. (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 44 (years) 20. Color or race W 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Spokane, Wash. (State or Country) 22. Birthplace (city or place) Iowa (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government Rail Road 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work 15 yrs. 25. Date (month and year) last engaged in this work Present 19. \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

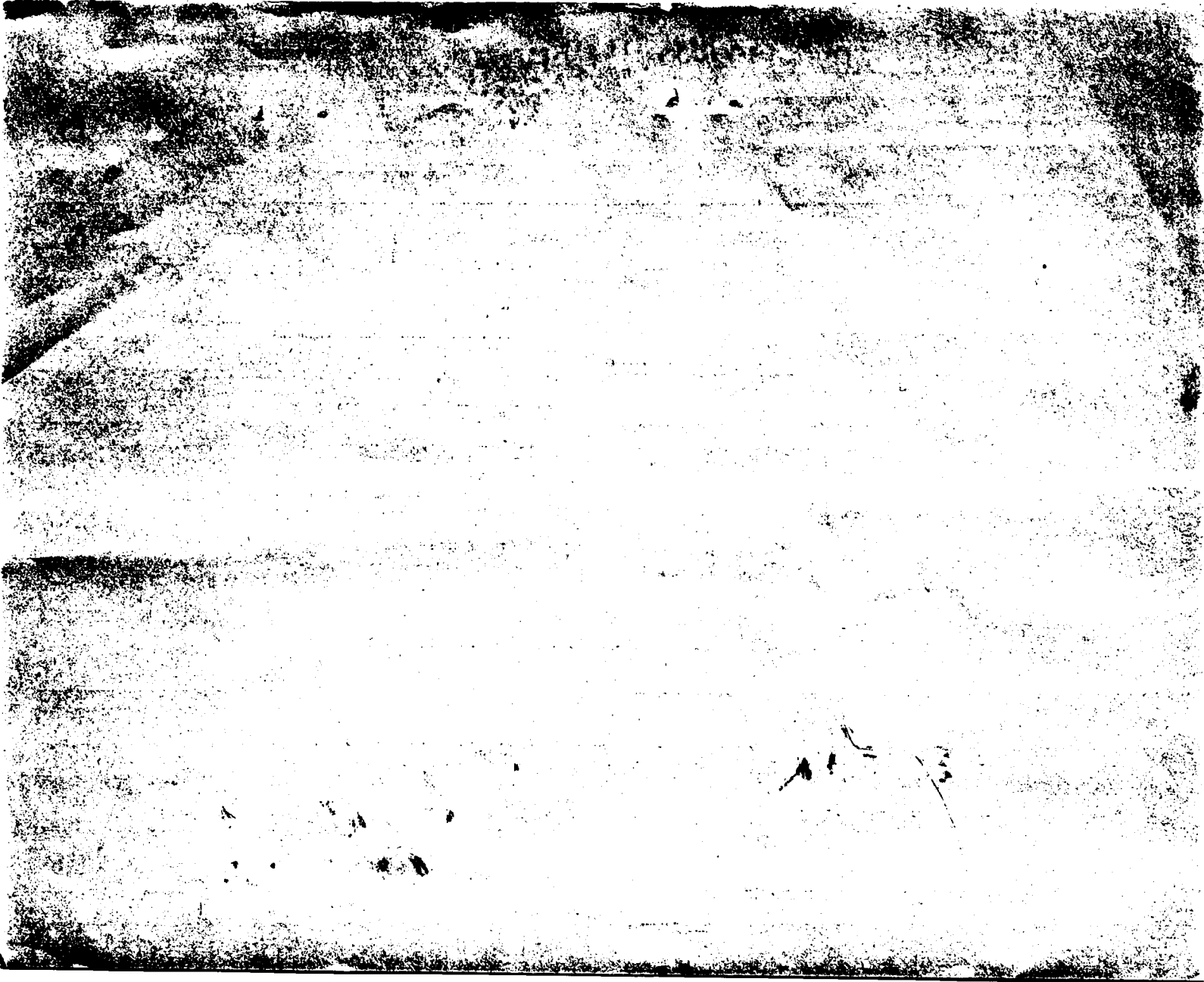
29. If stillborn, period of gestation 5 months { months or weeks 30. Cause of Stillbirth { Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:25 p. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) W. Mowery, M. D.  
or Wallace Ida. Midwife  
Address Nov 5, 1935 John B. B. B.  
Filed \_\_\_\_\_ 1935 \_\_\_\_\_  
Registrar. Registrar.



NOV 14 1935 RECEIVED

## PLACE OF DEATH

County of Shoshone  
City of WallaceSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 95845

Registration District No. ....

Primary Registration District No. .... Local Registrar's No. 39(If death occurred in a hospital or institution, give its name instead of street and number)  
Glennia (No. Crookston Hospital)2. FULL NAME Glennia Alverson(a) Residence. No. Wallace Ida. St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
Oct - 25 - 357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Wallace  
(State or country) Idaho13. NAME Glenn Alverson14. BIRTHPLACE (city or town) Spokane Wash  
(State or country) Idaho15. MAIDEN NAME Frances Ophie16. BIRTHPLACE (city or town) Not known  
(State or country) Idaho17. INFORMANT Hospital Records  
(Address) Wallace Ida.18. BURIAL, CREMATION OR REMOVAL  
Place Wallace Idaho Date Oct. 29 193519. UNDERTAKER J. A. Brown (w/words)  
(Address) Wallace Ida20. FILED Oct. 29, 1935 John Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 25 193522. I HEREBY CERTIFY, That I attended deceased from  
....., 193....., to ..... 193.....

I last saw h.... alive on ..... 193.... death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
Still Born

Date of onset

Other contributory causes of importance:  
PrematureName of operation None Date of .....What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? Violence Date of death Oct 25 1935Where did injury occur? Home  
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Still BornNature of injury Still Born24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....(Signed) John Brown  
(Address) Wallace Ida

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS	
No. <u>Wallace Hosp.</u> St.		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		237443	
2. FULL NAME OF CHILD		Registration District No. <u>70</u> State File No. <u>52</u>	
<u>Infant</u>		Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>52</u>	
3. Sex <u>male</u>		8. Date of birth <u>10-6</u> , 19 <u>35</u>	
If plural births { 4. Twin, triplet, or other _____		7. Legiti- mate? <u>yes</u>	
5. Number, in order of birth _____		Full term <u>✓</u> (Month, Day, Year)	
9. Full name FATHER <u>E. E. Enloe</u>		18. Full maiden name MOTHER <u>Beatrice C. Campagne</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace, Id.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace, Id.</u>	
11. Color or race <u>White</u>   12. Age at last birthday <u>26</u> (years)		20. Color or race <u>White</u>   21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Wallace, Id.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank keeper</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mine office</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>34</u>		25. Date (month and year) last engaged in this work <u>10-2</u> , 19 <u>35</u>	
17. Total time (years) spent in this work <u>5 1/2 yrs</u>		26. Total time (years) spent in this work <u>6 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth { Before labor <u>placenta</u> During labor <u>prolapsed</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) Therese E. E. Enloe, M. D.

or \_\_\_\_\_, Midwife

Address Wallace, Idaho

Filed Oct 17, 1935 John R. Bower

Registrar.

# INVESTIGATE OF BIRTH

Registration District No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

1. FULL NAME OF CHILD

2. SEX

3. DATE OF BIRTH

4. PLACE OF BIRTH

5. NAME OF MOTHER

6. NAME OF FATHER

7. RELIGION

8. OCCUPATION

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. TOTAL TIME (YEARS) SPENT

11. DATE (MONTH AND YEAR)

12. LAST EMPLOYED IN THE WORK

13. IN THE WORK

14. NUMBER OF CHILDREN OF THE MOTHER

15. (a) Born and now living

16. (b) Born and now dead

17. (c) Born and now living

18. (d) Born and now living

19. (e) Born and now living

20. (f) Born and now living

21. (g) Born and now living

22. (h) Born and now living

23. (i) Born and now living

24. (j) Born and now living

25. (k) Born and now living

26. (l) Born and now living

27. (m) Born and now living

28. (n) Born and now living

29. (o) Born and now living

30. (p) Born and now living

31. (q) Born and now living

32. (r) Born and now living

33. (s) Born and now living

34. (t) Born and now living

35. (u) Born and now living

36. (v) Born and now living

37. (w) Born and now living

38. (x) Born and now living

39. (y) Born and now living

40. (z) Born and now living

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 14 1935 RECEIVED

## PLACE OF DEATH

County of Shoshone  
City of Wallace

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 70Primary Registration District No. 1011(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

95846

State File No. ....

Local Registrar's No. 282. FULL NAME Infant Emborn

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct - 5 - 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Idaho  
(State or country)13. NAME Elson Emborn14. BIRTHPLACE (city or town) Idaho  
(State or country)15. MAIDEN NAME Gertrude Champagne16. BIRTHPLACE (city or town) Wallace Idaho  
(State or country)17. INFORMANT Elson Emborn  
(Address) Wallace Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Wallace Idaho Date Oct 8, 193519. UNDERTAKER A. B. Bower (ward and Co)  
(Address) Wallace Idaho20. FILED Oct 8, 1935 John Bower  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 6 193522. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935, to 10-6, 1935.I last saw him alive on 10-5, 1935; death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Still born Infant  
Placenta previa

Date of onset

10-6-35

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 1935.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Wm. S. Scales M. D.(Address) Wallace Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

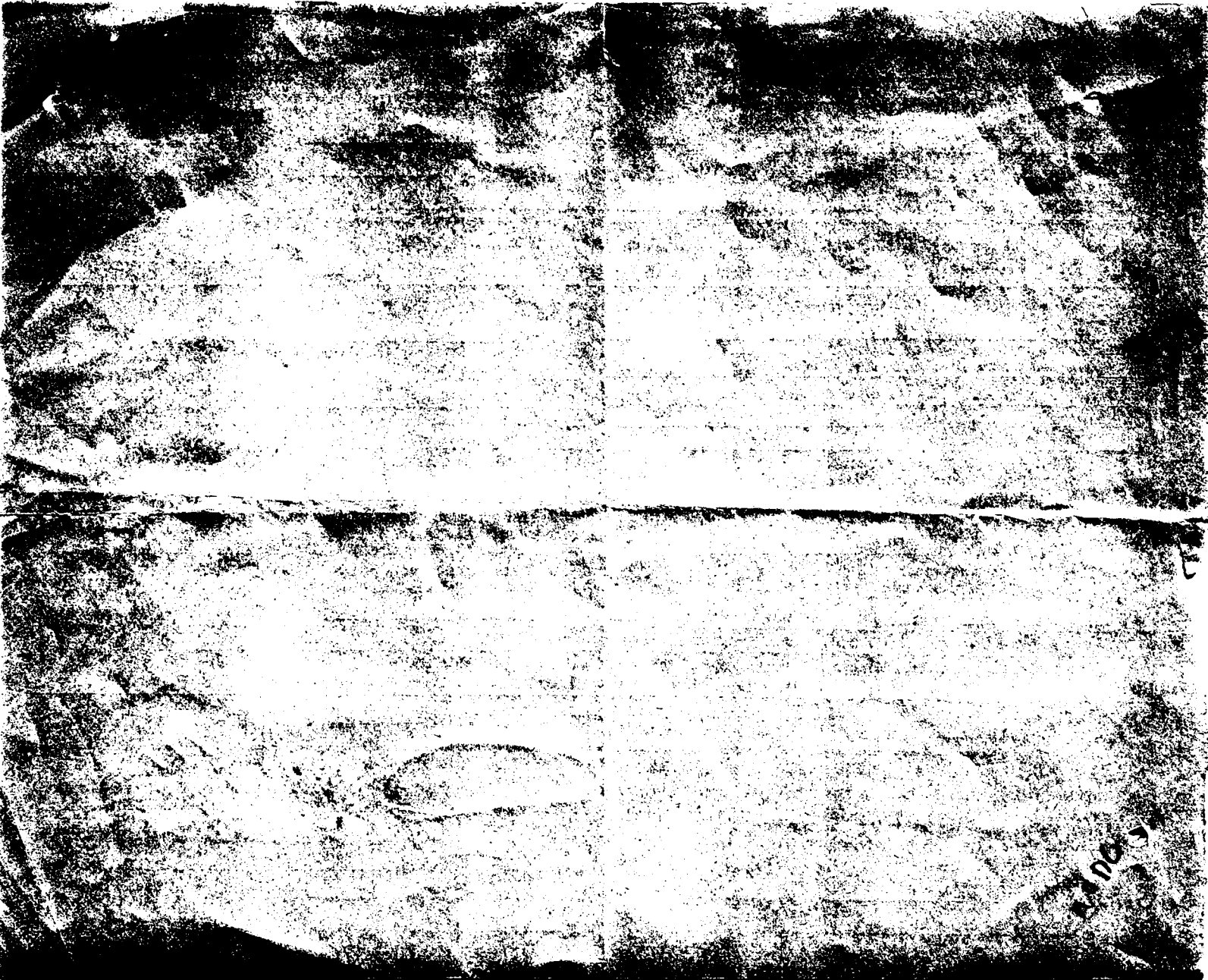
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Blaine</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Blaine Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Alphonsus Hosp.</u>		237580	
(If born in hospital or institution give name.)		S	
2. FULL NAME OF CHILD		Registration District No. <u>2</u> State File No. <u>670</u>	
3. Sex <u>M.</u>		Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>670</u>	
If plural births { 4. Twin, triplet, or other		6. Premature <u>Yes</u> 7. Legitimate? <u>Yes</u> 8. Date of birth <u>11-6</u> , 19 <u>35</u>	
5. Number, in order of birth <u>1</u>		Full term	
9. Full name FATHER <u>William Ross</u>		18. Full maiden name MOTHER <u>Barbara Fitzgerald</u>	
10. Residence (usual place of abode) <u>Blaine, Id.</u>		19. Residence (usual place of abode) <u>Blaine, Id.</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W.</u>		20. Color or race <u>W.</u>	
12. Age at last birthday <u>23</u> (years)		21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) <u>Idaho</u>		22. Birthplace (city or place) <u>Idaho</u>	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>In date</u> , 19 <u>35</u>		25. Date (month and year) last engaged in this work <u>In date</u> , 19 <u>35</u>	
17. Total time (years) spent in this work <u>3 yrs.</u>		26. Total time (years) spent in this work <u>1 year</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 mos.</u>		30. Cause of Stillbirth <u>Anterior</u>	
{ months or weeks		{ During labor Before labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:25</u> m. on the date above stated.			
(Born alive or Stillborn)			
(Signed) <u>L. D. P. Hunter</u> , M.D.			
or _____, Midwife			
Address _____			
Filed <u>11-13</u> , 19 <u>35</u> <u>L. Sharp</u>			
Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada  
City of Boise Idaho  
No. 1617 N 24 St.  
Salvation Army Home.  
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Jones

3. Sex M If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Legitimate? yes 8. Date of birth 11-5-35 1935 (Month, Day, Year)

9. Full name FATHER Claude Jones 18. Full maiden name MOTHER Lueller Jameson

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, I 1 19. Residence (usual place of abode) (If non-resident, give place and State) Boise, I 1

11. Color or race W 12. Age at last birthday 40 (years) 20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Utah 22. Birthplace (city or place) (State or country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother (At time of this birth and including this child) 1  
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation 9 mo } months or weeks } 30. Cause of stillbirth Hydrocephalus Sic Defective labor

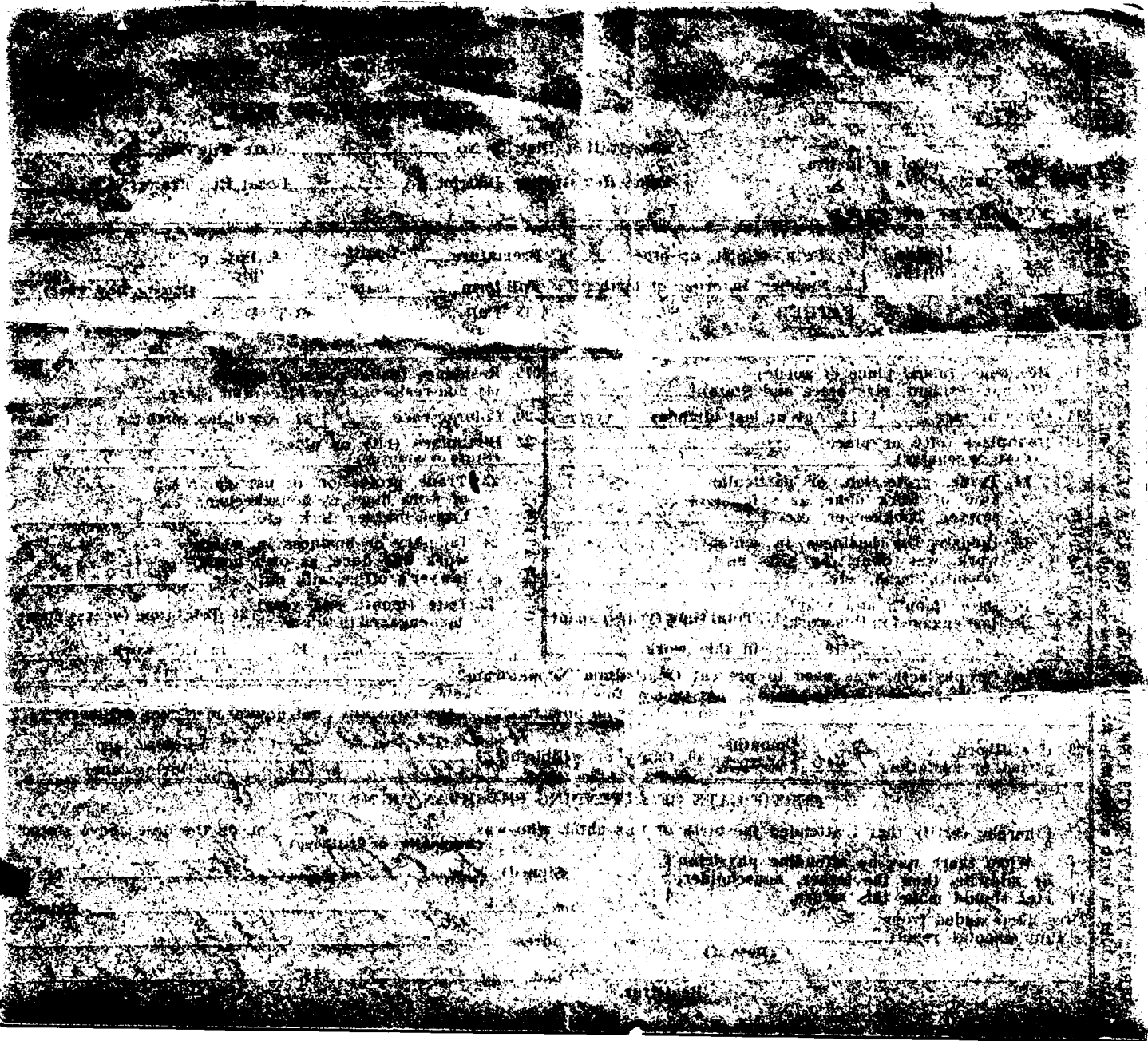
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10-1 at 10 a.m. on the date above stated.  
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report..... (Date of) .....

(Signed) Dr. O. J. Harrison, M. D.  
or ..... Midwife  
Address Boise Idaho  
Filed 11-8, 1935 R. Sharp  
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 95955

DEC 10 1935 RECEIVED

Registration District No. 2Primary Registration District No. 1004(No. Salvation Army Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Claude Marlan Jones(a) Residence. No. Riverside station

(Usual place of abode)

St. \_\_\_\_\_

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 5th, 1935

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

13. NAME Claude Jones

14. BIRTHPLACE (city or town) Salt Lake  
(State or country) Utah

15. MAIDEN NAME Luella Jameson

16. BIRTHPLACE (city or town) Salt Lake  
(State or country) Utah

17. INFORMANT Claude Jones  
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 11/7, 1935

19. UNDERTAKER Schreiber & McCann  
(Address) Boise Idaho

20. FILED 11-7, 1935 R. Sharp  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5-1935 to 11-5-1935, 1935

I last saw him alive Still birth, 1935; death is saidto have occurred on the date stated above, at 10-10 A. m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus  
Disproportion between  
pelvis & passenger

Date of onset

10-5-35

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so specify \_\_\_\_\_

(Signed) D. P. Hamilton, M. D.  
(Address) Boise Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:  
Gallstones

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:  
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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316-228-003-415

Should not have been reported as it was the worst form of a monster

1. PLACE OF BIRTH  
County of Bennock  
City of Pocatello  
No. St. Anthony Mercy St.  
Hospital

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

237660

CERTIFICATE OF BIRTH

S

Registration District No. 28 State File No. 1082  
Prim. Registration District No. 2161 Local Registrar's No. 1082

2. FULL NAME OF CHILD Stillborn Cawley

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \*  
7. Legiti- mate? yes  
8. Date of birth 10/28/35 193 (Month, Day, Year)

9. Full name FATHER James Cawley  
10. Residence (usual place of abode) Gen Del city  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 42 (years)  
13. Birthplace (city or place) Denver Colorado  
(State or Country)

18. Full maiden name MOTHER Mary Davis  
19. Residence (usual place of abode) General Del.  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 41 (years)  
22. Birthplace (city or place) Salt Lake City, Utah  
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C.S.I.  
16. Date (month and year) last engaged in this work present, 19\_\_\_\_  
17. Total time (years) spent in this work 20 yrs

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work present, 19\_\_\_\_  
26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation Probably 6 months months or weeks  
30. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3:08 P.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) J. J. Roof, M. D.  
or \_\_\_\_\_ Midwife  
Address Pocatello Idaho  
Filed Dec 5, 1935

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 27 1935  
**PLACE OF DEATH**  
 County of Bannock  
 City of Pocatello

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE  
 State File No. 96017

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 501

(No. St Anthony Hosp.)  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Cowley

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 29, '35</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
		If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		

12. BIRTHPLACE (city or town) Pocatello  
 (State or country) Idaho

13. NAME James Cowley

14. BIRTHPLACE (city or town) Denver  
 (State or country) Colo

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Idaho  
 (State or country) Idaho

17. INFORMANT James Cowley  
 (Address) Home across

18. BURIAL, CREMATION OR REMOVAL  
 Place Mountain View Date Oct. 29, 1935

19. UNDERTAKER Garner & Sons  
 (Address) Pocatello, Idaho

20. FILED 10/30, 1935 Idaho  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) Oct. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

This Case Was a  
monstrousity. Still  
born at about 6 or 7  
months.

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. J. Ross M. D.

(Address) Pocatello Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

**Date of onset**

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

**Date of onset**

1 week ago

1 week ago

3 days ago

1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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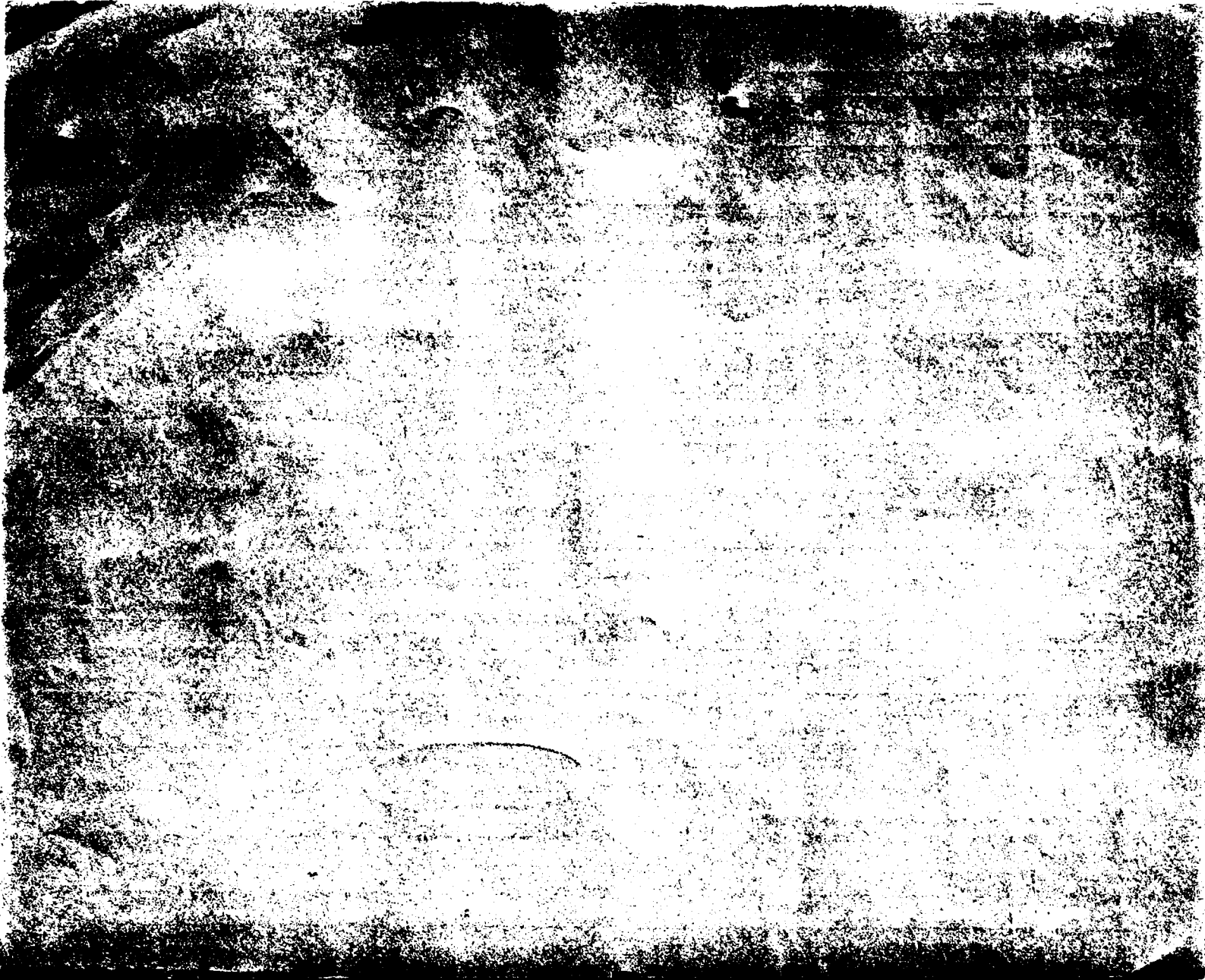
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bingham</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Blackfoot</u>		BUREAU OF VITAL STATISTICS	
No. <u>R. 4 D. 1</u>		237747	
DEC 10 1935 RECEIVED		CERTIFICATE OF BIRTH	
Registration District No. <u>121</u>		State File No. <u>S</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2174</u> Local Registrar's No. <u>407</u>	
2. FULL NAME OF CHILD <u>Stillborn Thompson</u>			
3. Sex <u>Male</u>		8. Date of birth <u>Nov. 3<sup>rd</sup> 1935</u> (Month, Day, Year)	
If plural births {		4. Twin, triplet, or other _____	
5. Number, in order of birth _____		6. Premature <u>Yes</u>	
7. Legitimate? <u>Yes</u>		Full term _____	
9. Full name <u>Jenas Thompson</u>		18. Full maiden name <u>batheira L Skinner</u>	
10. Residence (usual place of abode) <u>Blackfoot Id.</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Blackfoot Id.</u> (If non-resident, give place and State)	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>38</u> (years)		21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) <u>Mapleton Wah.</u> (State or Country)		22. Birthplace (city or place) <u>Bedford</u> (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>11 yrs.</u>		26. Total time (years) spent in this work <u>11 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None needed</u>			
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>one</u>			
29. If stillborn, period of gestation <u>6 1/2 mo</u> { months or weeks		30. Cause of stillbirth <u>Placenta Pravia</u> { Before labor. During labor. <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10:45 P</u> m, on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>W W Beck</u> , M. D.			
or _____ Midwife			
Address <u>Blackfoot Ida.</u>			
Filed <u>Dec. 1</u> , 1935 <u>Mr. Hales</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF Bingham  
CITY OF Blackfoot  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

96038

State File No.

Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 184

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Thompson(a) Residence. No. R.D. # 1 St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-3-35

7. AGE Years Months Days  
Stillborn  
If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot  
(State or country) Bingham, Ida

MOTHER FATHER 13. NAME Genes Thompson

14. BIRTHPLACE (city or town) Mapleton  
(State or country) Idaho

15. MAIDEN NAME Catherine L. Skinner

16. BIRTHPLACE (city or town) Redford  
(State or country) Wyoming

17. INFORMANT Genes Thompson  
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL G.C. Em. Chapel  
Place Nov. 5, 1935 Date 1935

19. UNDERTAKER Genes Thompson  
(Address) Blackfoot, Idaho

20. FILED Nov. 4, 1935 Wm. J. Baker  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-3-1935

22. I HEREBY CERTIFY, That I attended deceased from  
Stillborn, 193....

I last saw h..... alive on....., 193....: death is said to have occurred on the date stated above, at 10:50 P. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Placenta Previa  
Premature Birth 6 1/2 m.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

Signed W. W. Beck, M. D.

(Address) Blackfoot Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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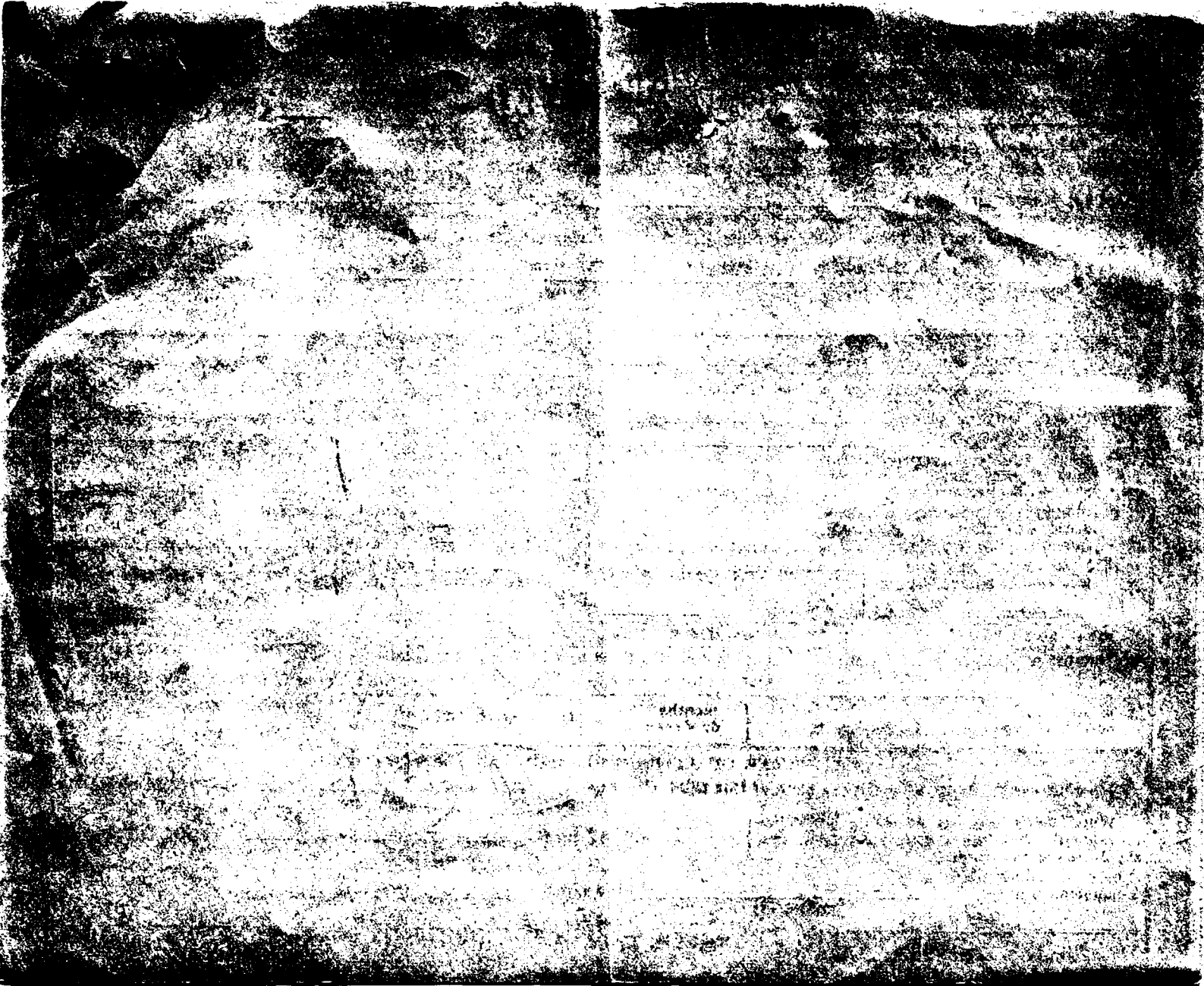
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>L.H.S. Hospital</u> St. <u>Municipal</u>		CERTIFICATE OF BIRTH <u>S237787</u>	
(If born in hospital or institution give name.)		Registration District No. <u>13</u> State File No. <u>103</u>	
2. FULL NAME OF CHILD <u>Still birth</u>		Prim. Registration District No. <u>240</u> Local Registrar's No. <u>103</u>	
3. Sex <u>Boy</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>born</u> Full term _____	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Nov. 27, 1935</u> (Month, Day, Year)			
9. Full name FATHER <u>Harvard Frank Smith</u>		18. Full maiden name MOTHER <u>Ruth Eleanor Tushman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Harmer, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Harmer, Idaho</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>23</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Minnesota</u>		22. Birthplace (city or place) (State or Country) <u>Harmer, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own home</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Nov. 1935</u>		25. Date (month and year) last engaged in this work <u>Nov. 1935</u>
17. Total time (years) spent in this work <u>6 yrs.</u>		26. Total time (years) spent in this work <u>1/2 yr.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 mos</u> { months or weeks		30. Cause of stillbirth { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>5:25</u> a.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>John O. Mellor</u> , M. D.			
or _____, Midwife			
Address <u>Idaho Falls, Idaho</u>			
Filed <u>Nov 27</u> , 193 <u>5</u> - <u>Chas. J. Munn</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		<b>CERTIFICATE OF DEATH</b>		96081	
City of <u>Idaho Falls</u>					
District No. <u>73</u>		Primary Registration District No. <u>2140</u>		Local Registrar's No. <u>241</u>	
(No. <u>L. D. S. Hospital</u> )		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Smith</u>		<u>Still birth</u>			
(a) Residence. No. <u>St.</u>		(If nonresident give city or town and state)			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <u>male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or <del>Married</del> (write the word) <u>Infant</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Still birth</u>					
6. DATE OF BIRTH (month, day, and year) <u>November 27, 1935</u>					
7. AGE <u>Premature Baby 6 mo.</u>	Years <u>6 mo.</u>	Months <u>6 mo.</u>	Days <u>6 mo.</u>	If LESS than 1 day... hrs. or <u>6</u> min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls Idaho</u>					
13. NAME <u>Howard Frank Smith</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>					
15. MAIDEN NAME <u>Ruth Eleanor Turman</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Danvers Idaho</u>					
17. INFORMANT <u>Mrs. N. F. Smith</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>L. D. S. Hosp.</u> Date <u>11/27, 1935</u>					
19. UNDERTAKER <u>name</u>					
20. FILED <u>11/27, 1935</u>					
		Registrar			
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day and year) <u>11/27 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from ....., 193....., to ..... , 193..... I last saw h.... alive on ..... , 193..... death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows: <u>Still birth about 5 1/2 mos gestation caused by pyelitis and toxic nephritis mother</u> Date of onset					
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?..... 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193..... Where did injury occur?..... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... (Signed) <u>John O. Mefflor</u> M. D. (Address) <u>Idaho Falls</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

263-222 014 569 DEC 11 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

237887 S

1. PLACE OF BIRTH  
County of Canyon  
City of Caldwell  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Caldwell Sanitarium  
(If born in hospital or institution give name.)  
Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. 1005 Local Registrar's No. 272

2. FULL NAME OF CHILD Anna Kochis

3. Sex Girl If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? Yes 8. Date of birth 11/22/35, 193\_\_\_\_\_  
(Month, Day, Year)

9. Full name FATHER Andy Kochis 18. Full maiden name MOTHER Mary Norga

10. Residence (usual place of abode) # 3 Parma, Idaho 19. Residence (usual place of abode) # 3 Parma  
(If non-resident, give place and State.)  
(If non-resident, give place and State.)

11. Color or race W 12. Age at last birthday 57 (years) 20. Color or race W 21. Age at last birthday 42 (years)

13. Birthplace (city or place) Hungary 22. Birthplace (city or place) Hungary  
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks 30. Cause of Stillbirth unknown Before labor 2 days  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

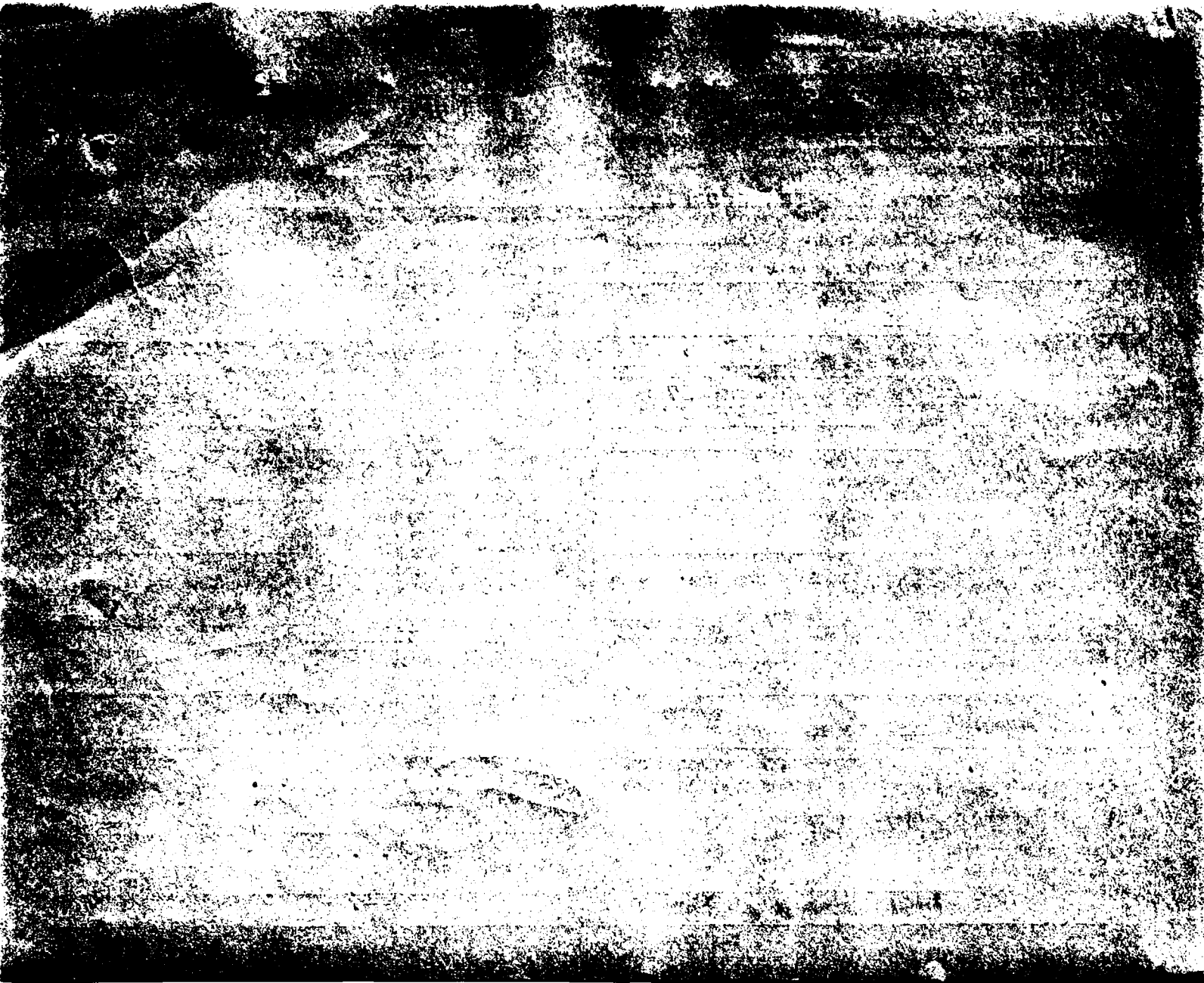
I hereby certify that I attended the birth of this child, who was Stillborn at 1 A.M. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar. \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
F.M. Cole  
or \_\_\_\_\_, Midwife  
Address Caldwell, Idaho  
Filed 1-28-36, 193\_\_\_\_\_  
Registrar. \_\_\_\_\_



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Canyon  
City of Caldwell

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE  
State File No. 96123

Local Registrar's No. 130  
206

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Kochis  
R. # 3 Parma, Idaho

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) infant

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

Andy Kochis

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Hungary

12. MAIDEN NAME OF MOTHER

Mary Norga

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Hungary

14. Informant (Address)

15. Filed 11-23- 1950 The Montague Registrar

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Stillborn 11/22/35  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:

Not known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

(Signed) [Signature], M. D.

11/23 1935 Caldwell, Ida

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial  
Malheur - Oregon 19\_\_\_\_

20. Undertaker Address  
C. O. Beckham Caldwell Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Caldwell</u> City of <u>Caldwell</u> No. <u>202 20-18</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 237888 <b>CERTIFICATE OF BIRTH</b>	
(If born in hospital or institution give name.)		Registration District No. _____	State File No. <u>S</u>
2. FULL NAME OF CHILD <u>Not named (Stillborn)</u>		Prim. Registration District No. <u>1005</u>	Local Registrar's No. <u>273</u>
3. <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	5. Number, in order of birth. _____
		6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>
		8. Date of birth <u>11-22, 1935</u> (Month, Day, Year)	
9. Full name <u>Haden Warner</u> FATHER		18. Full maiden name <u>May Hansen</u> MOTHER	
10. Residence (usual place of abode) <u>Caldwell</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Caldwell</u> (If non-resident, give place and State)	
11. Color or race <u>Wh.</u>		12. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Oklahoma</u> (State or Country)		22. Birthplace (city or place) <u>Washington</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
	17. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother <u>5</u> (At time of this birth and including this child)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor <u>Not definite</u> During labor <u>Unknown</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 350

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 350 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) A. Newberry, M. D.

or \_\_\_\_\_ Midwife

Address Caldwell Idaho

Filed 11-23-35, 1935 Montgomery

Registrar.





MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 11 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

58127

County of Canyon  
City of Caldwell

# CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. 1005

Local Registrar's No. 131

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Paul Warner

(a) Residence. No. 206-9-18th St.

(Usual place of abode)  
(If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov-22-1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Idaho

13. NAME H. Warner

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME May E. Harrison

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT (Address) Caldwell Ida

18. BURIAL, CREMATION OR REMOVAL Place Canyon Hill Date 11/22/35

19. UNDERTAKER (Address) Caldwell Ida

20. FILED 11-26-35, 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/22/35

22. I HEREBY CERTIFY, That I attended deceased from ... 193... to ... 193...

I last saw h... alive on ... 193... death is said to have occurred on the date stated above, at 3-30 a.m.

The principal cause of death and related causes of importance were as follows:

Steel bar

Date of onset

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?... Date of injury... 193...

Where did injury occur?... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?..

(Signed) A. C. Newberry M. D.

(Address) Caldwell Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

1001 1 2001

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

864-214-46-255  
1. PLACE OF BIRTH  
County of Cassia  
City of Burley  
No. \_\_\_\_\_ St. \_\_\_\_\_

DEC 11 1935

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

237958  
896482  
S

Registration District No. 117 State File No. \_\_\_\_\_  
Prim. Registration District No. 2126 Local Registrar's No. 288

2. FULL NAME OF CHILD \_\_\_\_\_

3. Sex F If plural births { 4. Twin, triplet, or other. \_\_\_\_\_ 6. Premature. \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 11-14-1935  
5. Number, in order of birth. \_\_\_\_\_ Full term. Yes (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Adolph Young</u>	18. Full maiden name <u>Bernice Swasy</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>
11. Color or race <u>W.</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country) <u>Orangeville Ut</u>	22. Birthplace (city or place) (State or Country) <u>Santaquin Utah</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lab</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Hoof.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child) 7  
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1  
29. If stillborn, period of gestation Full term { months or weeks } 30. Cause of Stillbirth { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:20 m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) J. H. Smith, M. D.

or \_\_\_\_\_, Midwife

Address Burley Ida

Filed Dec 5, 1935 James E. Spracher

Registrar.

# CERTIFICATE OF BIRTH OF THE STATE OF NEW YORK

2

Registration District No. \_\_\_\_\_  
 Local Registration No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

## STATE NAME OF CHILD

It shall be the duty of the parent or other person having legal custody of the child to cause the birth of the child to be registered in the office of the Registrar of Births and Deaths within the time prescribed by law.

## FATHER

Name \_\_\_\_\_  
 Age \_\_\_\_\_

1. Name (last, first and middle)  
 2. Date of birth (month, day and year)

3. Color or race \_\_\_\_\_  
 4. Place of birth (city or place, State or Country)

5. If ever married, or separated, or divorced, state date of such event, and name of the person with whom married, or separated, or divorced.  
 6. If ever married, or separated, or divorced, state date of such event, and name of the person with whom married, or separated, or divorced.

7. Date (month and year) \_\_\_\_\_  
 8. Last engaged in this work \_\_\_\_\_

9. In this work \_\_\_\_\_  
 10. What occupation is now being followed? (If none, state "None")

11. Number of children of this mother \_\_\_\_\_  
 12. Born alive and now living \_\_\_\_\_

13. Is married \_\_\_\_\_  
 14. Period of gestation \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, New York.

When there was no attending physician or midwife, the father, mother, or other person having legal custody of the child, shall cause the birth of the child to be registered in the office of the Registrar of Births and Deaths within the time prescribed by law.

Signed \_\_\_\_\_  
 Attest \_\_\_\_\_  
 Date \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 11 1935 RECEIVED

## PLACE OF DEATH

County of CassiaCity of BurleySTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

96153

State File No. ....

Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Young(a) Residence. No. North Comstock Ave. St. Burley(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. Color or Race <u>Mexican</u>	5. Single, Married, Widowed or Divorced (write the word)
6. DATE OF BIRTH (month, day, and year) <u>Nov. - 15 - 1935</u>		
7. AGE Years Months Days <u>Still Borne</u>	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Burley  
(State or country) Idaho

MOTHER FATHER	13. NAME <u>Adophe Young</u>
	14. BIRTHPLACE (city or town) <u>Peruville</u> (State or country) <u>Utah</u>
	15. MAIDEN NAME <u>Bernice Swasey</u>
	16. BIRTHPLACE (city or town) <u>Utah</u> (State or country)
17. INFORMANT <u>Adophe Young</u> (Address) <u>Burley Idaho</u>	
18. BURIAL, CREMATION OR REMOVAL Place <u>Burley Idaho</u> Date <u>11/15, 1935</u>	
19. UNDERTAKER <u>H. E. Johnson</u> (Address) <u>Burley Idaho</u>	
20. FILED <u>11/16, 1935</u> <u>Luna C. Spraker</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/15/193522. I HEREBY CERTIFY, That I attended deceased from 11-15-1935, 1935, to 11-15-1935, 1935I last saw him alive on ..... 1935 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Still Birth

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? .... Date of injury .., 1935.Where did injury occur? ....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) L. M. Hunter .., M. D.

(Address) .....

*Dr. F. H. Cutler*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

289-124 024-299

1. PLACE OF BIRTH **Idaho** **DEC 7-1935 RECEIVED** STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS **S** **238047**

County of Idaho City of Cottonwood No. C.R. of Consolation St. Hospital

Registration District No. 105 State File No. \_\_\_\_\_

(If born in hospital or institution give name.) Prim. Registration District No. 2183 Local Registrar's No. 86

2. FULL NAME OF CHILD Gary Phill Shira

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Nov. 24, 1935</u> (Month, Day, Year)
--------------------	---	--	--------------------------------	---

9. Full name <u>Mr. Phill Shiras</u>	FATHER	18. Full maiden name <u>Katherine Irene Brisco</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Grangerville</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Grangerville</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or Country) <u>Moel, Missouri</u>		22. Birthplace (city or place) (State or Country) <u>Grangerville, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Projectionist</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>5 yrs</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living CS (b) Born alive but now dead CS (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks

30. Cause of stillbirth Septic { Before labor X During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 12:45 A. M. on the date above stated.

(~~Born Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) Harley Orr, M. D.

or \_\_\_\_\_, Midwife

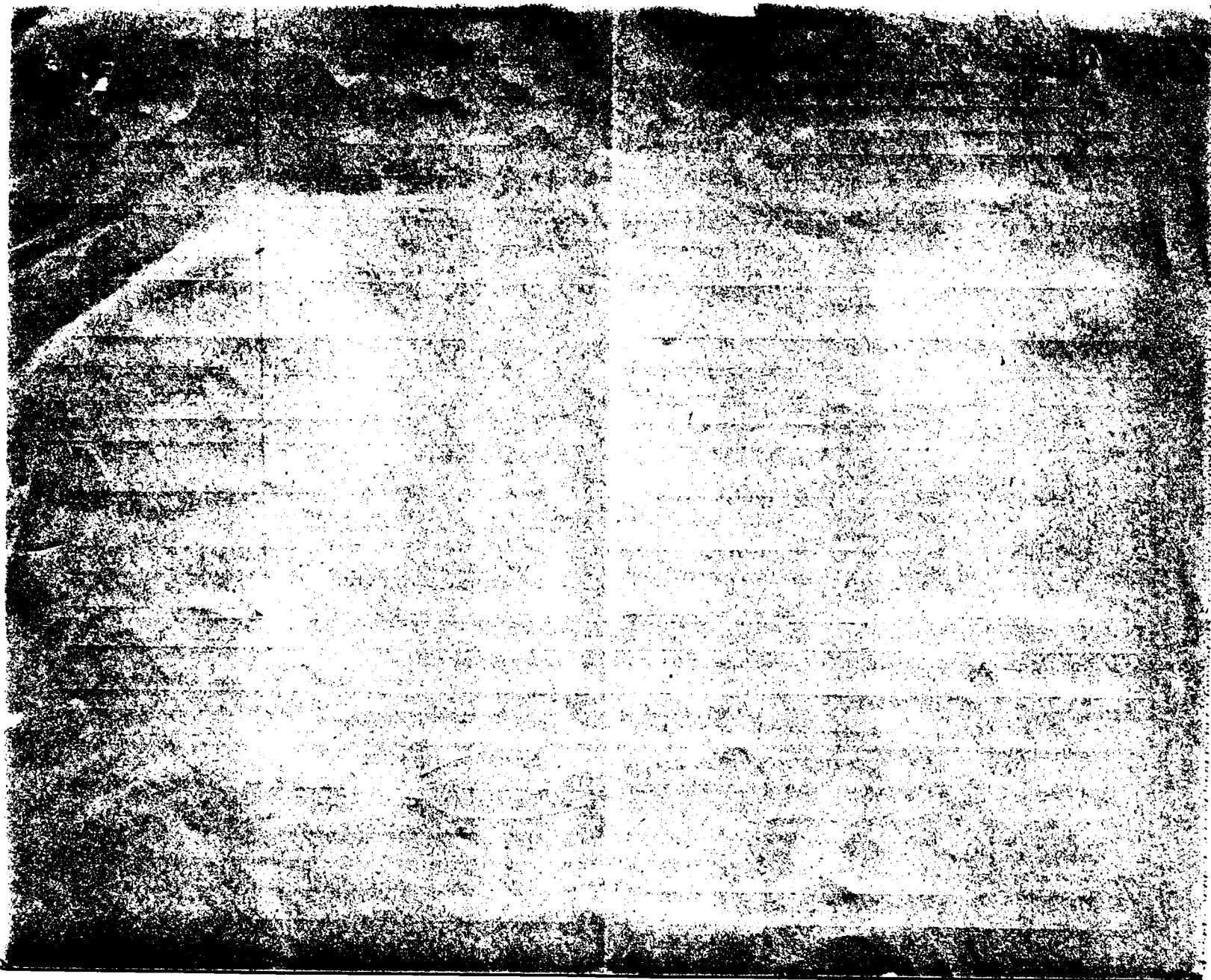
Address Cottonwood, Idaho

Filed Nov. 29, 1935 H. F. Orr

Registrar.

per J.B.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD  
N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7 - 1935 RECEIVED

CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics  
File No. **96173**

1. PLACE OF DEATH  
County of Idaho  
City of Cottawood

Registration District No. 105  
Primary Registration District No. 2183  
(No. C. F. C. Hospital St.)

Registered No. 28  
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sary Phill Shisa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word.)

6. DATE OF BIRTH November 24 1935  
(Month) (Day) (Year)

7. AGE Stillborn IF LESS than 1 day how many hrs. or min.?  
Yrs. Mos. ds.

8. OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Idaho  
(State or Country)

10. NAME OF FATHER Mr. Phill Shisa

11. BIRTHPLACE OF FATHER Noel, Missouri  
(State or Country)

12. MAIDEN NAME OF MOTHER Katherine Brisco

13. BIRTHPLACE OF MOTHER Idaho  
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Phill Shisa  
(Address) Grangerville, Idaho

15. Filed Nov. 24 1935 H. F. Orr  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 24 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
that I last saw h. alive on 19  
and that death occurred on the date stated above, at 12:45 P.

The CAUSE OF DEATH\* was as follows:  
Toxemia due to Nephritis of the Kid.

(Duration) Yrs. 6 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wesley F. Orr M. D.

11/24/35 (Address) Cottawood, Id.

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Grangerville DATE OF BURIAL 11-24 1935

20. UNDERTAKER ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

634 127 025 256

1. PLACE OF BIRTH

County of Boise

City of Boise

No. 1 St. 1

(If born in hospital or institution give name.)

Registration District No. 123 State File No. 238055

Prim. Registration District No. 221 Local Registrar's No. 221

2. FULL NAME OF CHILD no name. Olnsted

3. Sex M If plural births } 4. Twin, triplet, or other other 5. Number, in order of birth 1 6. Premature no Legiti- mate 7. Date of birth 11-27-1935

9. Full name Eugene Olnsted FATHER

10. Residence (usual place of abode) Boise (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 0 years

13. Birthplace (city or place) Boise (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

15. Industry or business in which work was done, as mill, sawmill, bank, etc. Print shop

16. Date (month and year) last engaged in this work 10 17. Total time (years) spent in this work 10

18. Full maiden name Clare Involgrass MOTHER

19. Residence (usual place of abode) Boise (If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 25 years

22. Birthplace (city or place) Boise (State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work 12 26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

28. Number of children of this mother (At time of this birth and including this child) now

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation months 30. Cause of stillbirth Eclampsia Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) J. Weher, M. D.

or Boiseville Idaho Midwife

Address Boiseville Idaho

Filed 1124, 1935 B. Chipman

Registrar.

*[The page contains extremely faint, illegible text, likely bleed-through from the reverse side. Discernible fragments include:]*

*[Faint header or title area]*

*[Several lines of body text, mostly obscured by noise and bleed-through]*

*[A section heading or bolded phrase, possibly "CONCLUSION" or similar]*

*[Additional lines of text at the bottom of the page]*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**DEC 9 - 1935 RECEIVED**

**STATE OF IDAHO**  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

PLACE OF DEATH  
County of Idaho  
City of Grangeville

Registration District No. 103  
Primary Registration District No. 1001 Local Registrar's No. 652

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Boy Olmsted

(a) Residence. No. Grangeville Ida St. 206  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>✓</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 27 - 35</u>		
7. AGE	Years	Months Days
		If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (mo. and yr.) <u>✓</u>		
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Grangeville Ida.</u>		

**MOTHER FATHER**

13. NAME <u>Eugene Olmsted</u>	14. BIRTHPLACE (city or town) (State or country) <u>Fordland Mo.</u>
15. MAIDEN NAME <u>Clare Snodgrass</u>	16. BIRTHPLACE (city or town) (State or country) <u>Pomeroy Wn.</u>
17. INFORMANT <u>Eugene Olmsted</u> (Address) <u>Grangeville Ida.</u>	
18. BURIAL, CREMATION OR REMOVAL Place <u>Grangeville</u> Date <u>Nov 29, 1935</u>	
19. UNDERTAKER <u>Hancock Funeral Home</u> (Address) <u>Grangeville Ida.</u>	
20. FILED <u>12/1</u> , 1935 <u>B. Chipman</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) 11-27 1935

22. I HEREBY CERTIFY, That I attended deceased from ✓, 193\_\_\_\_, to Nov 27, 1935.  
I last saw him/her on Nov 27, 1935; death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Stillborn

Other contributory causes of importance:  
Mother has eclampsia

Name of operation ✓ Date of ✓  
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence)- fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) B. Weiler M. D.  
(Address) Grangeville Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

142 706-025 813

1. PLACE OF BIRTH  
County of Ischoda 12 1935 RECEIVED  
City of Stites  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 238063

(If born in hospital or institution give name.)

Registration District No. 106 State File No. \_\_\_\_\_  
Prim. Registration District No. 2184 Local Registrar's No. 40

2. FULL NAME OF CHILD Jean Marie Austin

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Mar 6, 1935  
(Month, Day, Year)

5. Number, in order of birth \_\_\_\_\_ Full term Yes

9. Full name FATHER Stanley Howard Austin 18. Full maiden name MOTHER Lena Rose Halford

10. Residence (usual place of abode) (If non-resident, give place and State) Granville 19. Residence (usual place of abode) (If non-resident, give place and State) Granville

11. Color or race White 12. Age at last birthday 39 (years) 20. Color or race White 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or country) Moran, Prainin, Wash 22. Birthplace (city or place) (State or country) Granville, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General work 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Nov 6, 1935 17. Total time (years) spent in this work 23 25. Date (month and year) last engaged in this work Nov 2, 1935 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver

28. Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 9 mo { months or weeks 30. Cause of stillbirth Difficult labor { Before labor No During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 p. m. on the date above stated.  
(Not ~~born~~ born ~~alive~~ or ~~stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. A. Wentworth, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

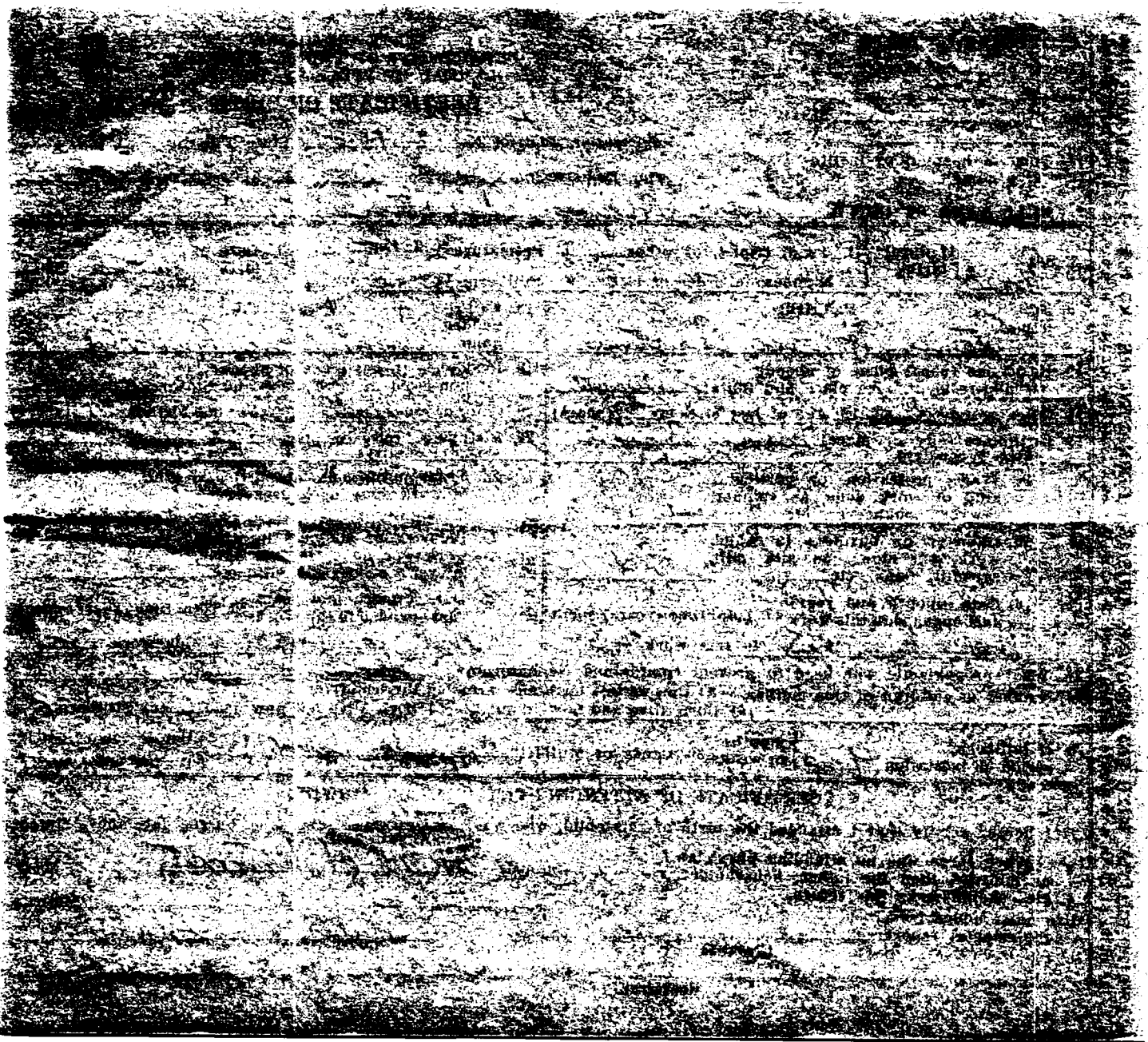
(Date of) \_\_\_\_\_

Registrar.

Address Stites Idaho

Filed Mar 8, 1935 J. M. Wentworth  
Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 12 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of IdahoCity of Stites

## CERTIFICATE OF DEATH

State File No. 96164Registration District No. 106Primary Registration District No. 2184Local Registrar's No. 398

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Jan Marie Austin(a) Residence, No. Stites Idaho

(Usual place of abode)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant6. If married, widowed or divorced HUSBAND of (or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) Nov 6 1935

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
10. Date deceased last worked at this occupation (mo. and yr.) Nov 6 1935  
11. Total time (years) spent in this occupation Infant12. BIRTHPLACE (city or town) Stites Idaho  
(State or country)13. NAME Stanley Howard Austin14. BIRTHPLACE (city or town) Moore Plains Wash.  
(State or country)15. MAIDEN NAME Renah Rosie Halford16. BIRTHPLACE (city or town) Grangeville Idaho  
(State or country)17. INFORMANT Renah Rosie Halford  
(Address) Grangeville

18. BURIAL, CREMATION OR REMOVAL

Place Stites Date Nov 7, 193519. UNDERTAKER Family  
(Address)20. FILED Dec 1, 1935 J. M. Veerbeek  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6, 193522. I HEREBY CERTIFY, That I attended deceased from Room dead to Nov 6, 1935.I last saw him alive on Nov 6, 1935; death is said to have occurred on the date stated above, at Nov 6 m. The principal cause of death and related causes of importance were as follows:Large baby - just born  
pelvis - occipital position  
Room dead

Other contributory causes of importance:

Name of operation Forceps delivery Date of Nov 6What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Nov 6, 1935.Where did injury occur? Nov 6  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Nov 6(Signed) H. W. Newberry, M. D.(Address) Stites Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

849104026-229

1. PLACE OF BIRTH

County of Jefferson  
City of Roberts Star  
No. A St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Boy Guinn

3. Sex M If plural births { 4. Twin, triplet, or other ..... 6. Premature X 7. Legitimate yes 8. Date of birth July 4, 1935  
5. Number, in order of birth ..... Full term ..... mate? yes (Month, Day, Year)

9. Full name FATHER

John Guinn

10. Residence (usual place of abode) (If non-resident, give place and State) Menan

11. Color or race W 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Denver Colo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

19. .... in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead D (c) Stillborn 1

29. If stillborn, period of gestation 6 months

30. Cause of stillbirth unknown

Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Roberts Star Idaho Am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Evelyn Jones, M. D.

or Robert Jones, Midwife

Give name added from a supplemental report. ....

(Date of)

Address Roberts Star

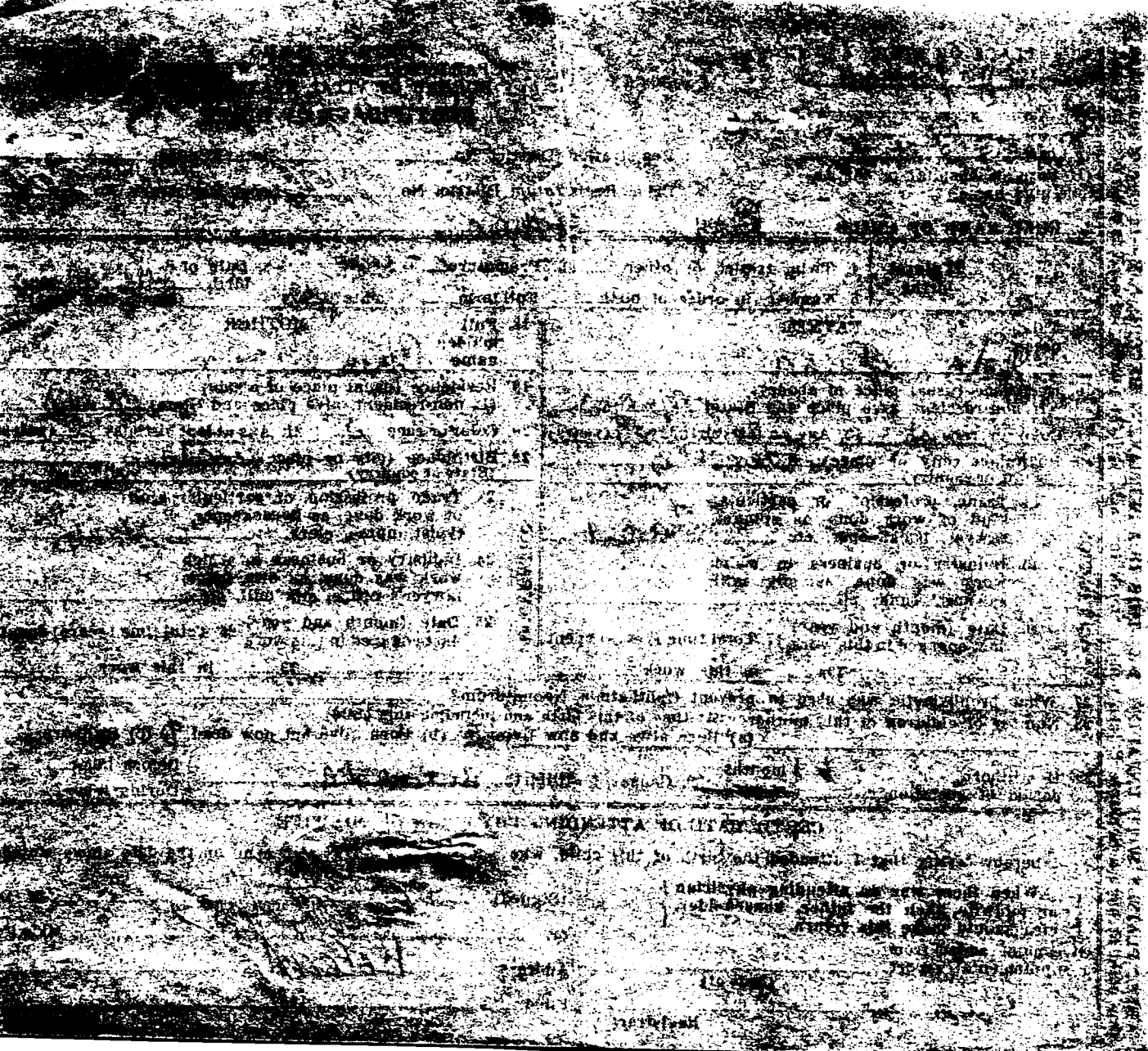
Filed DEC 10 1935 W. B. Schuch

Registrar.

Registrar.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 78 State File No. 238071  
Prim. Registration District No. 2176 Local Registrar's No. 204



**JUL 11 1935 RECEIVED**

**PLACE OF DEATH**

County of **Jefferson**  
City of **Menan.**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

Registration District No. **98**

Primary Registration District No. **2176**

DO NOT WRITE IN THIS SPACE

State File No. **94256**

Local Registrar's No. **36**

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Baby Quinn.**

(a) Residence. No. .... St.

(If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. **1** ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word) **Babe**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) **July 4, 1935**

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
**0 0 0**

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.**  
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Menan, Idaho.** (State or country)

13. NAME **John Quinn**

14. BIRTHPLACE (city or town) **Colo.** (State or country)

15. MAIDEN NAME **Clara Sherlet Skain**

16. BIRTHPLACE (city or town) **Minn.** (State or country)

17. INFORMANT (Address) **Menan, Idaho.**

18. BURIAL, CREMATION OR REMOVAL Place **Annis, Ida.** Date **7/5**, 1935

19. UNDERTAKER (Address) **None**

20. FILED **July 5, 1935** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) **7/4** 1935

22. I HEREBY CERTIFY, That I attended deceased from **7/4** 1935, to **7/4** 1935. I last saw him alive on ....., 1935; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

**Still born -**  
Other contributory causes of importance: **Premature about 7 mo gestation**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ... Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following: **no** Accident, suicide, or homicide. Date of injury, 1935. Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury.

24. Was disease or injury in any way related to occupation deceased? **no** If so, specify (Signed) **Earl L. ...**, M. D. (Address) **Robert ...**

MARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

619124 028 693  
PLACE OF BIRTH  
County of Kootenai  
City of Coeur d'Alene  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Lakeside Hospital  
(If born in hospital or institution give name)

DEC 10 1935 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

238146  
S

Registration District No. 30 State File No. \_\_\_\_\_  
Prim. Registration District No. 1050 Local Registrar's No. 678

2. FULL NAME OF CHILD

Robert Luverne Fairchild

3. Sex m If plural { 4. Twin, triplet, or other \_\_\_\_\_  
births { 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legiti-  
mate? yes 8. Date of birth Nov 29, 1935  
(Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Clyde Fairchild</u>	18. Full maiden name	<u>Belester Wilson</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Coeur d'Alene</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Coeur d'Alene Idaho</u>
11. Color or race <u>W</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Mount Clair Neb</u>	22. Birthplace (city or place) (State or Country)	<u>Bellevue Neb</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation Full term { months or weeks \_\_\_\_\_  
30. Cause of Stillbirth { Before labor no  
Died during long difficult labor During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3:15 PM on the date above stated.  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) E. Stuart Sturges, M. D.  
or Coeur d'Alene Idaho, Midwife  
Address \_\_\_\_\_  
Filed 12-9, 1935 E. L. Spahn MD  
Registrar.



021808

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 2-1935 RECEIVED

## PLACE OF DEATH

County of Bookenat  
City of Coeur d'Alene

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

96195

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 440

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Luverne Fairchild (Fairchild) 706(a) Residence. No. 926 - Sixth St. ....  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1933-11-23

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (mo. and yr.) ....  
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho13. NAME Clyde H. Fairchild14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Celestine Wilson16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT C. H. Fairchild (Address) ....18. BURIAL, CREMATION OR REMOVAL Place Coeur d'Alene Idaho Date 11-25-193519. UNDERTAKER Coeur d'Alene Home (Address) Coeur d'Alene Idaho20. FILED 11-26-1935 C. R. Spahn M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-25-193522. I HEREBY CERTIFY, That I attended deceased from ..... 193...., to Nov. 25th, 1935.

I last saw him alive on ..... 193.... death is said to have occurred on the date stated above, at 3:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Stillbirth  
Date of onset

(Death actually occurred intra-uterine 24th about 10:30 a.m.)

Other contributory causes of importance:

Prenatal ill health of mother

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?..... If so, specify .....

(Signed) J. H. Sturges M. D.  
(Address) Coeur d'Alene Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Tatch  
City of Moscow, Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 6-1 State File No. \_\_\_\_\_  
Prim. Registration District No. 1-1-1 Local Registrar's No. 145

CERTIFICATE OF BIRTH

S 238156

(If born in hospital or institution give name.)

3. FULL NAME OF CHILD Stillborn

4. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 11-26, 1935 (Month, Day, Year)

9. Full name FATHER Arthur Wheeler  
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho  
11. Color or race W 12. Age at last birthday 21 (years)  
13. Birthplace (city or place) (State or Country) Cregut

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work 11-26, 1935 17. Total time (years) spent in this work 3

18. Full maiden name MOTHER Evelyn Garrison  
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho  
20. Color or race W 21. Age at last birthday 19 (years)  
22. Birthplace (city or place) (State or Country) Spokane, W. A.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work 11-25, 1935 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 months { months or weeks 30. Cause of Stillbirth malformation (Before labor. ✓ During labor. \_\_\_\_\_)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) Douglas Lochr, M. D.  
or \_\_\_\_\_, Midwife  
Address Moscow, Idaho  
Filed 12-7, 1935 James L. Thompson  
Registrar. Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 9-1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

96208

State File No. ....

County of Latah  
City of Moscow

CERTIFICATE OF DEATH

Registration District No. 61

Primary Registration District No. 1011 Local Registrar's No. 74

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still Birth (Wheeler)  
(a) Residence. No. Moscow Idaho St. R.T.D.  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11 26 35

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Still Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Moscow Idaho  
(State or country)

13. NAME Alton Wheeler

14. BIRTHPLACE (city or town) Oregon  
(State or country)

15. MAIDEN NAME Evelyn Garvin

16. BIRTHPLACE (city or town) Spokane  
(State or country)

17. INFORMANT (Address) Alton Wheeler Moscow

18. BURIAL, CREMATION OR REMOVAL Place Moscow Date 11/26 1935

19. UNDERTAKER (Address) None

20. FILED 11/26 1935 5 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/26 1935

22. I HEREBY CERTIFY That I attended deceased from Still Birth 1935.

I last saw h... alive on ✓ 1935; death is said to have occurred on the date stated above, at ✓ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 1935.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) Doyle M. Lochy M. D.  
(Address) Moscow Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last-worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

269-120032494

DEC 7-1935 RECEIVED

1. PLACE OF BIRTH

County of Summit  
City of Aspen  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

238180

CERTIFICATE OF BIRTH

Registration District No. 16 State File No. S

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 17

2. FULL NAME OF CHILD

James P. Jensen

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth Aug 20, 1935  
(Month, Day, Year)

9. Full name FATHER  
Les. Tupper Jensen

18. Full maiden name MOTHER  
Ellen Jensen

10. Residence (usual place of abode)  
(If non-resident, give place and State) Coltonville

19. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

11. Color or race White 12. Age at last birthday 30 (years)

20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place)  
(State or country) Genoa, Tenn.

22. Birthplace (city or place)  
(State or country) Marion, Ark.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? As 1935

28. Number of children of this mother (At time of this birth and including this child) 8  
(a) Born alive and now living 7 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks \_\_\_\_\_ 30. Cause of stillbirth Don't know  
Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 100 on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) \_\_\_\_\_, M. D.

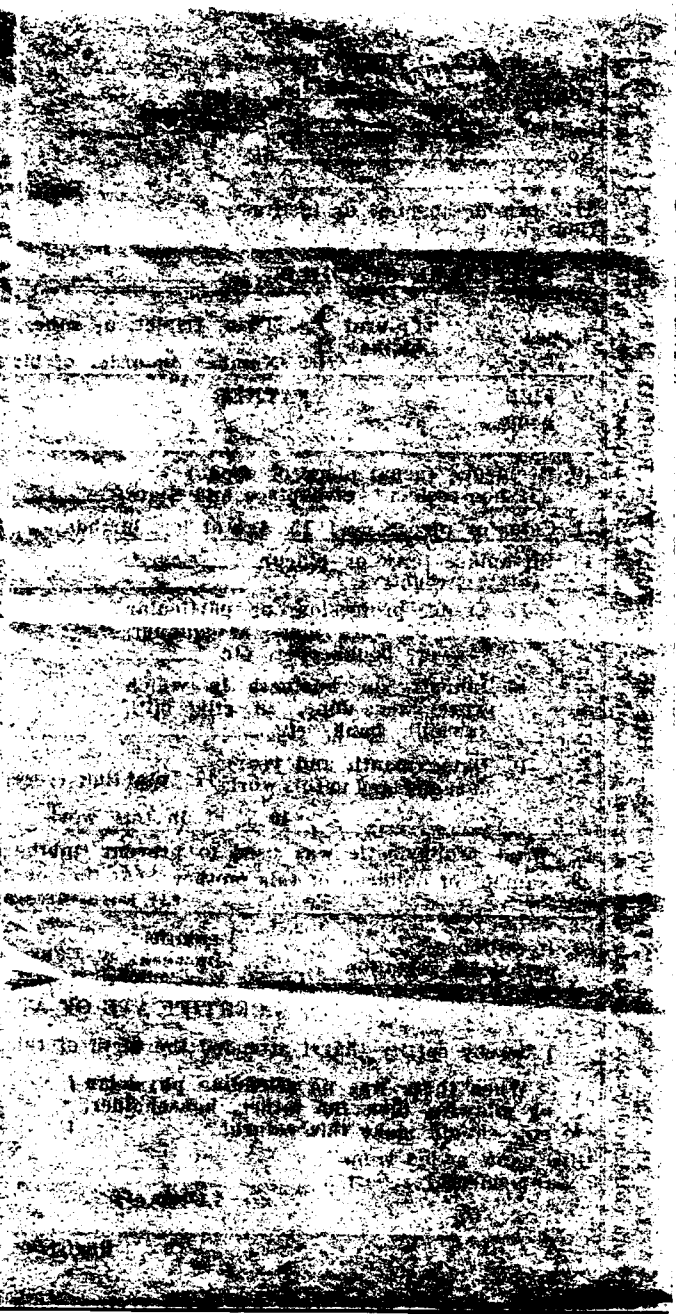
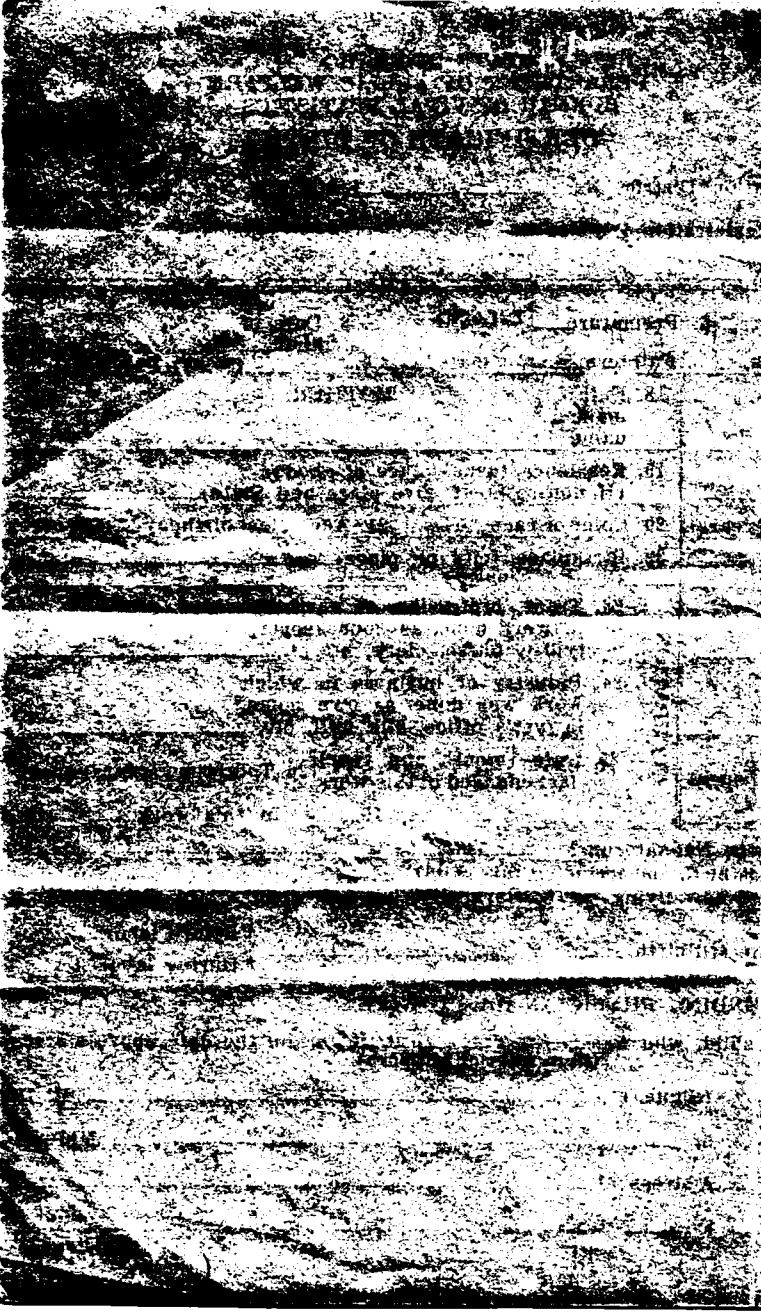
Give name added from a supplemental report. \_\_\_\_\_ or \_\_\_\_\_, Midwife

(Date of) \_\_\_\_\_ Address \_\_\_\_\_

Filed Aug 24, 1935 J. P. Jensen Registrar.

Registrar. \_\_\_\_\_







# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female

If plural births 1

4. Twin, triplet, or other \_\_\_\_\_

6. Premature? yes

7. Legitimate? yes

8. Date of birth Sept 19 1925  
(Month, Day, Year)

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

mate yes

9. Full name

FATHER

Nancy Herman Mann

10. Residence (usual place of abode)  
(If non-resident give place and State) Jen. Id.

11. Color or race White

12. Age at last birthday 52 (years)

13. Birthplace (city or place)  
(State or country) Pickaway, Tenn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Famer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

19. \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argol. 390

28. Number of children of this mother (At time of this birth and including this child) 4

(a) Born alive and now living \_\_\_\_\_

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_

months \_\_\_\_\_ or weeks \_\_\_\_\_

30. Cause of stillbirth Fall from gateway

Before labor yes

During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 29 m. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

Address \_\_\_\_\_

Filed Sept 22, 1935

Registrar.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 26

Baby Marron

S

238181

16

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

2. The second part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

3. The third part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

4. The fourth part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

5. The fifth part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

6. The sixth part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

7. The seventh part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

8. The eighth part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 7 - 1935

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

County of Latah  
City of Shoshone

State File No. 96222

Registration District No. 16

Primary Registration District No. ....

Local Registrar's No. 54  
49

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Boby, H. H. Mawm

(a) Residence. No. Jerome St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Boby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Herman Mawm

6. DATE OF BIRTH (month, day, and year) Shoshone

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone, Ida

13. NAME Harry Herman Mawm

14. BIRTHPLACE (city or town) (State or country) Pickaway, Kansas

15. MAIDEN NAME Ruby Pearl Mawm

16. BIRTHPLACE (city or town) (State or country) Pike Co., Illinois

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Date, 193...

19. UNDERTAKER (Address) No.

20. FILED Sept 27 1935 goban Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 7:30 193... to 193...

I last saw h... alive on Sept 19, 193...: death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows: Still born

Date of onset

Other contributory causes of importance: Mother lost fall while carrying in utero fetus out of uterus at preterm.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Sept 19 Date of injury, 1935

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, on home, or in public place. Law at road home, caused death of infant.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) goban M. D. (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

142

1. PLACE OF BIRTH  
County of Logan  
City of Shoshone  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. 16 State File No. 238185  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 29

2. FULL NAME OF CHILD Robert

3. Sex Male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Oct 30, 1936  
(Month, Day, Year)

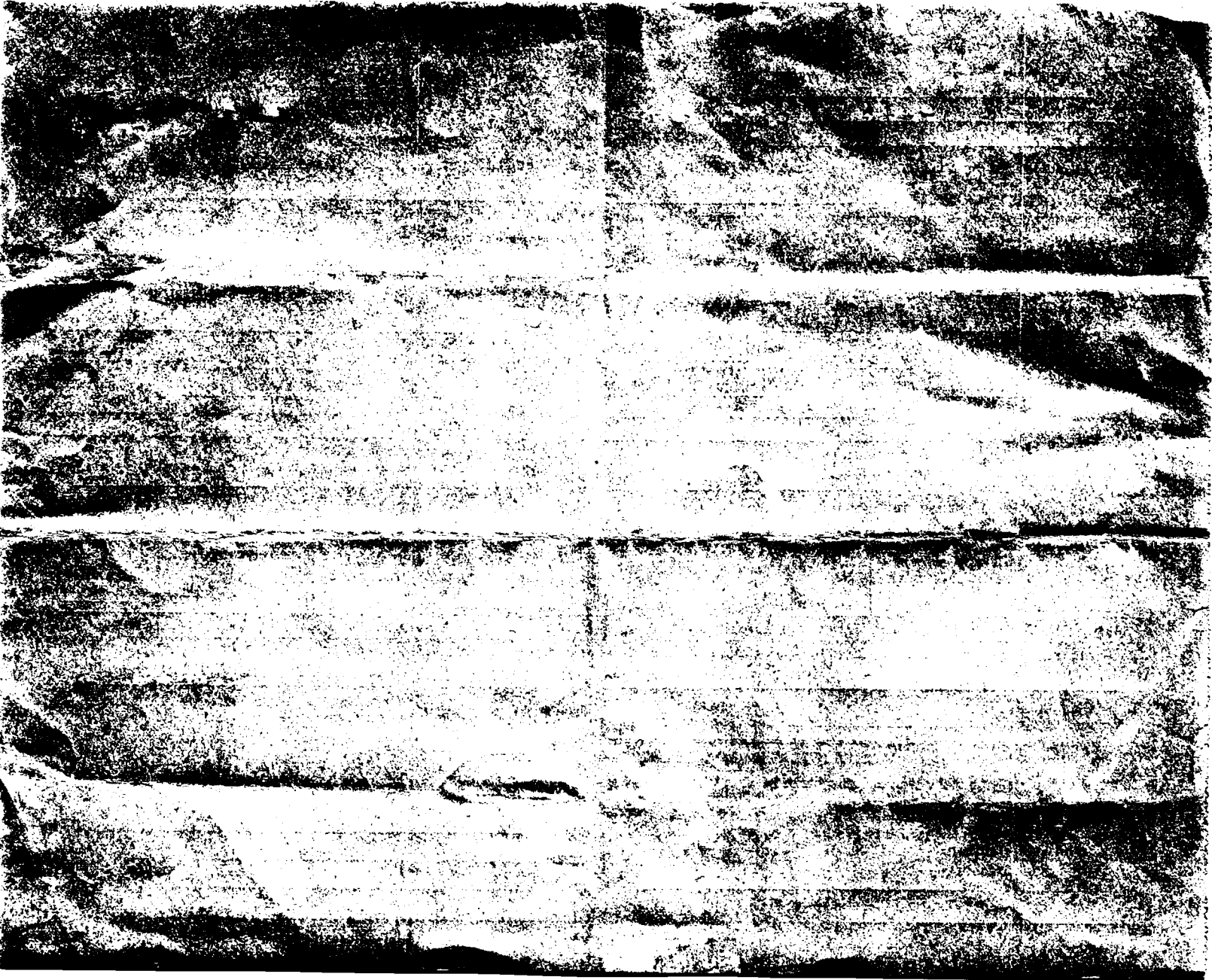
9. Full name FATHER Wm Lister Ruston Jr. 18. Full maiden name MOTHER Lola Milner  
10. Residence (usual place of abode) Shoshone, Ida. 19. Residence (usual place of abode) Shoshone, Ida.  
(If non-resident, give place and State)  
11. Color or race W. 12. Age at last birthday 25 (years) 20. Color or race W. 21. Age at last birthday \_\_\_\_\_ (years)  
13. Birthplace (city or place) Manassas Mo. 22. Birthplace (city or place) Richfield, Utah  
(State or Country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Famer. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. " " 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
19 \_\_\_\_\_ in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 92% 10% 10%  
28. Number of children of this mother (At time of this birth and including this child) 2  
(a) Born alive and now living now (b) Born alive but now dead now (c) Stillborn yes  
29. If stillborn, period of gestation 9 mo. { months or weeks 30. Cause of stillbirth Born alive { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 p. m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar. \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed Oct 30, 1936 John Baker  
Registrar. \_\_\_\_\_





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 7-1935 RECEIVED

## PLACE OF DEATH

County of LatahCity of ShoshoneSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 16

Primary Registration District No. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

State File No. 96221Local Registrar's No. 49(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Benjamin M. Leake Austin Sr.

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. Color or Race White5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Oct 30 1930

## 7. AGE

Years noMonths noDays noIf LESS than  
1 day... hrs.  
or .... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last work-  
ed at this occupation  
(mo. and yr.) \_\_\_\_\_11. Total time (years) ✓  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (city or town) Shoshone  
(State or country) \_\_\_\_\_13. NAME Mrs. Austin Leake14. BIRTHPLACE (city or town) Shoshone  
(State or country) Maine15. MAIDEN NAME Lela Mulner16. BIRTHPLACE (city or town) Richfield, N.H.  
(State or country) \_\_\_\_\_17. INFORMANT Mrs. Austin  
(Address) \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_, 1935

19. UNDERTAKER No. 1  
(Address) \_\_\_\_\_20. FILED Oct 30, 1935Registrar [Signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 30 193522. I HEREBY CERTIFY, That I attended deceased from  
Shoshone, 1935, to \_\_\_\_\_, 1935I last saw him alive on \_\_\_\_\_, 1935; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The principal cause of death and related causes of impor-  
tance were as follows: Stic farm

Date of onset \_\_\_\_\_

Other contributory causes of importance: Stroke

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also  
the following:  
Accident, suicide, or homicide? ... Date of injury, 1935Where did injury occur? ...  
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in  
public place. \_\_\_\_\_Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation  
of deceased? ... If so, specify \_\_\_\_\_(Signed) [Signature], M. D.(Address) [Signature]

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

844-116-033-157

1. PLACE OF BIRTH  
County of Madison  
City of Bozeman  
No. Shura V. V. V. St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

238207

CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

Registration District No. 100 State File No. \_\_\_\_\_  
Prim. Registration District No. 2178 Local Registrar's No. 245

2. FULL NAME OF CHILD Vasil Humphrey

3. Sex M. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth 1 }  
6. Premature \_\_\_\_\_ Full term ✓  
7. Legitimate? Yes  
8. Date of birth Oct. 16, 1935  
(Month, Day, Year)

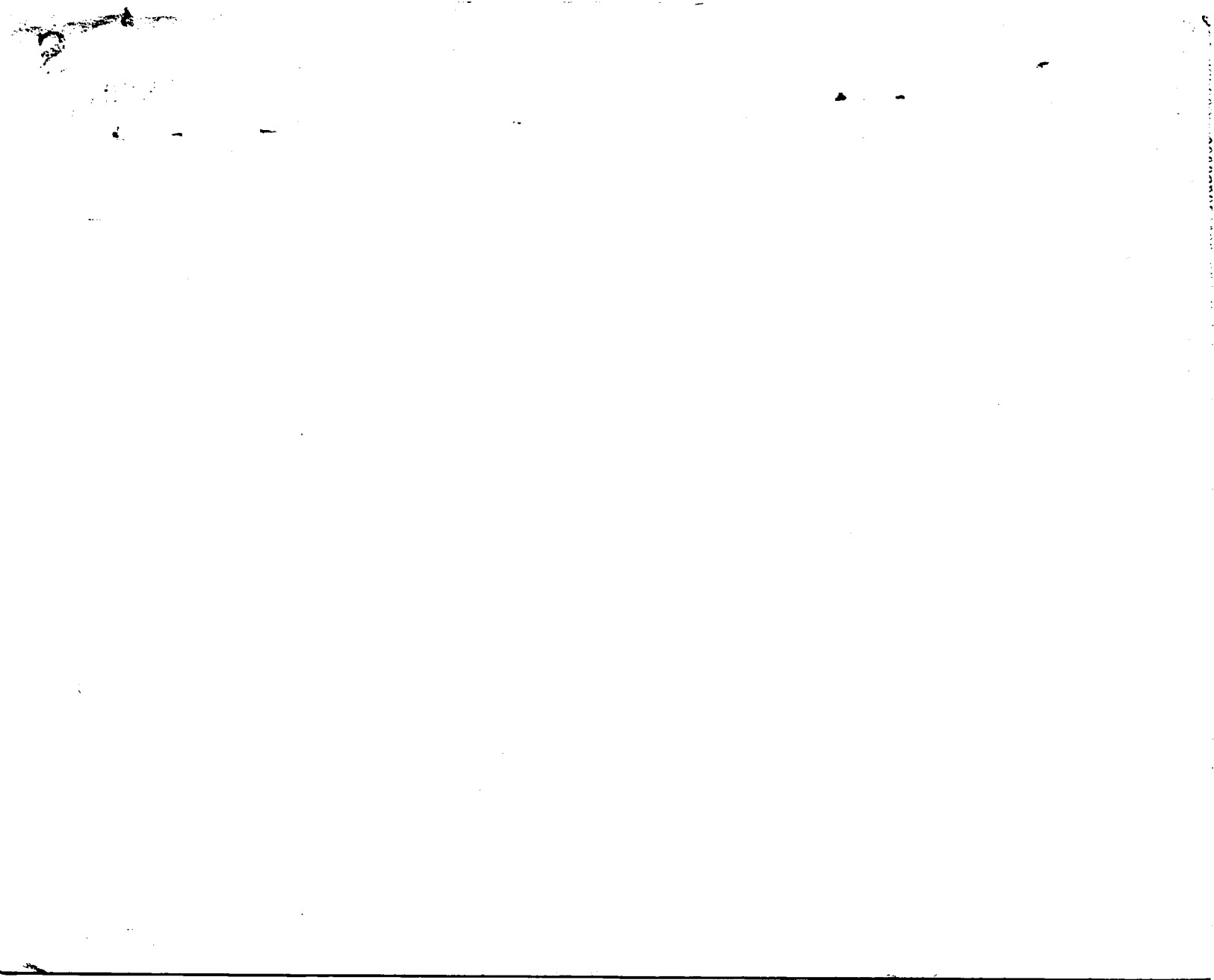
9. Full name FATHER Ira Clayton Humphrey  
10. Residence (usual place of abode) Clemente Hill  
(If non-resident, give place and State)  
11. Color or race W | 12. Age at last birthday 25 (years)  
13. Birthplace (city or place) Clemente Hill  
(State or Country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name MOTHER Ruby Elvora J. J.  
19. Residence (usual place of abode) Same  
(If non-resident, give place and State)  
20. Color or race W | 21. Age at last birthday 19 (years)  
22. Birthplace (city or place) Idaho  
(State or Country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dose 290  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks }  
30. Cause of Stillbirth { During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
(Signed) \_\_\_\_\_, M. D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed 12-2, 1935 Mrs. H. E. Young  
Registrar.



NOV 12 1935 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of MadisonCity of Boise

## CERTIFICATE OF DEATH

State File No. 95781Registration District No. 100Primary Registration District No. 2178 Local Registrar's No. 60(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Test. Humphrey(a) Residence. No. Boise, Ida. St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Oct. 16-19357. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (city or town) Boise, Ida.  
(State or country)13. NAME Ira. Humphrey14. BIRTHPLACE (city or town) Idaho Falls, Ida.  
(State or country)15. MAIDEN NAME Ruby, E. Humphrey16. BIRTHPLACE (city or town) Idaho Falls, Ida.  
(State or country)17. INFORMANT Ira. Humphrey  
(Address) Boise, Ida.18. BURIAL, CREMATION OR REMOVAL  
Place Boise, Ida. Date Oct. 17, 193519. UNDERTAKER W. J. Miller  
(Address) Boise, Ida.20. FILED Oct. 31, 1935 Mrs. E. E. Young  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 16 193522. I HEREBY CERTIFY That I attended deceased from Oct 16 1935 to Oct 16 1935I last saw deceased on Oct 16 1935 death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage  
Instrumental delivery  
Extremely large head

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 1935.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify \_\_\_\_\_

(Signed) H. E. Young M. D.(Address) Boise, Ida.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

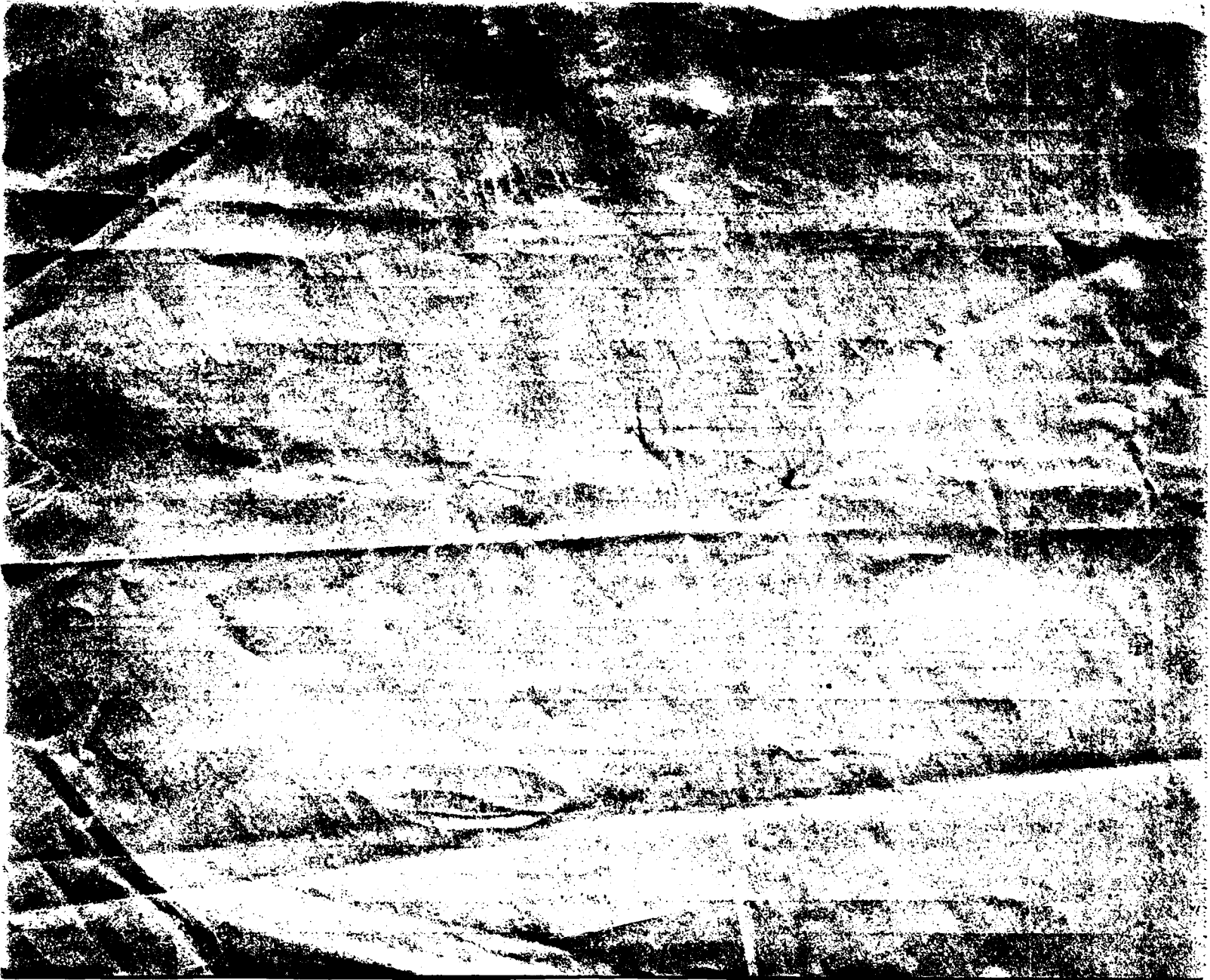
<i>Gastroenteritis</i>	1 year
------------------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Latah</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Latah</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
Registration District No. <u>37</u>		State File No. <u>238340</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>3085</u> Local Registrar's No. <u>595</u>	
2. FULL NAME OF CHILD <u>Lightfoot Hillborn</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>single</u>	5. Premature _____	6. Legiti- mate? <u>yes</u>
5. Number, in order of birth <u>1st</u>		7. Full term <u>✓</u>	
8. Date of birth <u>11 22 1935</u> (Month, Day, Year)			
9. Full name FATHER <u>Ernest Lightfoot Stanley Idaho</u>		18. Full maiden name MOTHER <u>Margie M. Gathers</u>	
10. Residence (usual place of abode) <u>Stanley Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Stanley</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) <u>Salmon Idaho</u> (State or Country)		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		21. Age at last birthday <u>24</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) <u>Idaho</u> (State or Country)	
16. Date (month and year) last engaged in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
19. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		19. _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) - <u>one</u>			
(a) Born alive and now living <u>yes</u> (b) Born alive but now dead _____ (c) Stillborn <u>yes</u>			
29. If stillborn, period of gestation <u>9 months</u> { months or weeks			
30. Cause of stillbirth <u>hydrocephalus</u> { Before labor <u>yes</u> During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>11</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>H. C. P. S. S. S.</u> , M. D.			
or _____, Midwife			
Address <u>Latah Idaho</u>			
Filed <u>Dec 4</u> , 1935 <u>J. O. Murphy</u> Registrar			
(Date of) _____			
Registrar.			





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

County of Franklin  
City of Franklin

# BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE  
State File No. 96747

Registration District No. 37

Primary Registration District No. 2085

Local Registrar's No. 254

(No. Monteroth Maturity)  
(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME Edward J. Baker

(a) Residence. No. 100 St. Franklin  
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
11-22-25

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).  
(State or country) Franklin, Ohio

13. NAME Edward J. Baker

14. BIRTHPLACE (city or town).  
(State or country) Franklin, Ohio

15. MAIDEN NAME Virginia M. Sathum

16. BIRTHPLACE (city or town).  
(State or country) Waynes

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Buried Date 12-2-35

19. UNDERTAKER (Address) None

20. FILED 12-2-35 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1935 to Nov. 22, 1935.

I last saw h... alive Still born 193...; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Hydrocephalus

Name of operation..... Date of.....

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. E. Dorn M. D.

(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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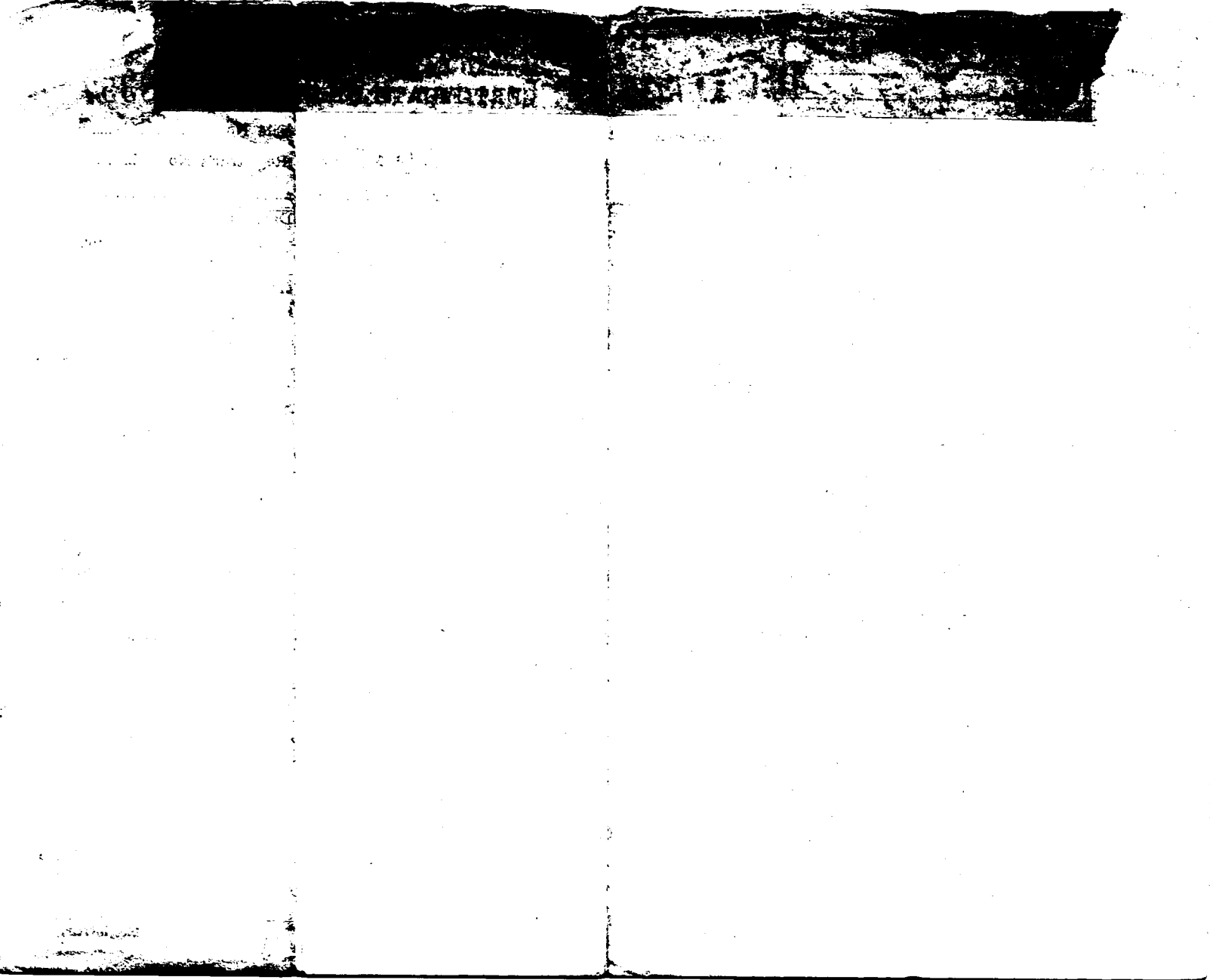
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 739 PLATE OF BIRTH  
County of Iowa **DEC 11 1935 RECEIVED**  
City of Frederick **STATE OF IDAHO**  
No. Co. Hospital St. **DEPARTMENT OF PUBLIC WELFARE**  
**BUREAU OF VITAL STATISTICS**  
Registration District No. \_\_\_\_\_ State File No. 238357  
(If born in hospital or institution give name.) Prim. Registration District No. 2885 Local Registrar's No. 560  
2. FULL NAME OF CHILD Stillborn Hrouse  
3. Sex ♀ If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature ✓ 7. Legitimate? yes 8. Date of birth 9-7 1935  
(Month, Day, Year)  
9. Full name R.E. Hrouse **FATHER** 18. Full maiden name Doris James **MOTHER**  
10. Residence (usual place of abode) Crestford 19. Residence (usual place of abode) Crestford Ia.  
(If non-resident, give place and State) (If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday \_\_\_\_\_ (years) 20. Color or race White 21. Age at last birthday 23 (years)  
13. Birthplace (city or place) Iowa 22. Birthplace (city or place) Iowa  
(State or Country) (State or Country)  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1  
29. If stillborn, period of gestation 9 months { months or weeks \_\_\_\_\_ 30. Cause of stillbirth Probably blood clots  
and second long after birth Before labor \_\_\_\_\_ During labor \_\_\_\_\_  
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was 12:30 at 9 a. m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) Dr. C. F. Weaver, M. D.  
or \_\_\_\_\_ Midwife  
Address Frederick Ia.  
Filed Dec. 8, 1935 W. H. Hrouse Registrar



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1935 RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Twin Falls  
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

95486

State File No. 906

Local Registrar's No. 186

(No. County Gen Hospital  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Ray Strouse

(a) Residence. No. Castleford Ida St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-7-35

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw. mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Ida

13. NAME Ray Strouse

14. BIRTHPLACE (city or town) Iowa (State or country)

15. MAIDEN NAME Frances James

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Geo. Julian (Address) Castleford, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date 9/8, 1935

19. UNDERTAKER S. C. Phillips (Address) Twin Falls Ida

20. FILED 9-9-35 193... J. H. Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1935

22. I HEREBY CERTIFY, That I attended deceased from birth to on 9/7, 1935

I last saw deceased alive on 9/7, 1935; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably detached placenta  
dead several days before birth

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) C. D. Weaver, M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

261-227 024 857  
1. PLACE OF BIRTH  
County of Gooding City of Idaho No. \_\_\_\_\_ St. \_\_\_\_\_  
DEC 7-1935 RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 238373  
CERTIFICATE OF BIRTH  
Registration District No. 24 State File No. S  
(If born in hospital or institution give name.)  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 430  
2. FULL NAME OF CHILD Unnamed  
3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature ☒ 7. Legitimate? ☒ 8. Date of birth 10-27-1935 (MONTH, DAY, YEAR)  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_  
9. Full name Louis Proctor FATHER 18. Full maiden name Theresa Higgins MOTHER  
10. Residence (usual place of abode) (If non-resident, give place and State) Gooding 19. Residence (usual place of abode) (If non-resident, give place and State) Gooding  
11. Color or race W 12. Age at last birthday 34 (years) 20. Color or race W 21. Age at last birthday 32 (years)  
13. Birthplace (city or place) (State or country) Kansas 22. Birthplace (city or place) (State or country) Kansas  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work 10-27-1935 25. Date (month and year) last engaged in this work 10-27-1935  
17. Total time (years) spent in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1  
28. If stillborn, period of gestation 7 mo. { months or weeks } 29. Cause of stillbirth unknown { Before labor ☒ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at U.P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Connell, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

(DATE OF) \_\_\_\_\_

Address Gooding, Ida

Filed 10-27-1935 J. H. Connell

Registrar.



UNITED STATES DEPARTMENT OF AGRICULTURE

Report of the Director of the Bureau of Plant Industry  
on the results of the investigation of the  
epiphytic fungus, *Phytophthora blight*,  
which attacks the leaves of the cotton plant.

By the Director, Bureau of Plant Industry,  
Department of Agriculture.

Washington, D. C., 1911.

Published by the Government Printing Office.

For sale by the Superintendent of Documents.

Price, 10 cents.

Order from the Superintendent of Documents.

When ordered, please specify the quantity.

and the name of the person to whom it is to be sent.

It is not necessary to enclose payment.

When the bill is received, payment should be made.

in full, or by check, or by money order.

When payment is made by check, or by money order,

the bill should be sent to the Superintendent of Documents.

with the check, or money order, and the bill should be

sent to the Superintendent of Documents.

with the check, or money order, and the bill should be

sent to the Superintendent of Documents.

with the check, or money order, and the bill should be

sent to the Superintendent of Documents.

with the check, or money order, and the bill should be

sent to the Superintendent of Documents.

with the check, or money order, and the bill should be

sent to the Superintendent of Documents.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 96162	
PLACE OF DEATH County of <u>Goshute</u>		State File No. ....	
City of <u>Idaho</u>		Registration District No. <u>24</u>	
Primary Registration District No. ....		Local Registrar's No. <u>637</u>	
(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>unnamed infant of Louis Boatman</u>			
(a) Residence. No. ....		St. ....	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ....		ds. How long in U. S., if of foreign birth? yrs. mos. ....	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>10-27-35</u>			
7. AGE	Years	Months	Days
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
If LESS than 1 day, or 2 hrs. or 2 min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) (State or country) <u>Goshute Idaho</u>			
13. NAME <u>Louis Boatman</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
15. MAIDEN NAME <u>Flannice Higgins</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
17. INFORMANT <u>Louis Boatman</u> (Address) <u>Goshute Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Goshute</u> Date <u>10-31</u> , 1935			
19. UNDERTAKER <u>A. C. Thompson</u> (Address) <u>Goshute Idaho</u>			
20. FILED <u>10-31</u> , 1935 Registrar. <u>J. H. Council</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10-27-1935</u>			
22. I HEREBY CERTIFY, That I attended <u>mother in confinement</u> , 1935			
I last saw h. alive on <u>10-27-1935</u> ; death is said to have occurred on the date stated above, at <u>Idaho</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Stillborn</u>			
<u>gestation period 7 months</u>			
Other contributory causes of importance:			
<u>Cause unknown</u>			
Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? .....			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 1935 Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. .... Manner of injury ..... Nature of injury .....			
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... (Signed) <u>J. H. Council</u> , M. D. (Address) <u>Goshute Idaho</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

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.....

WRITTEN PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH  
County Idaho  
City Boise  
No. St. Luke's

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

238461

Registration District No. 2 State File No. S  
Prim. Registration District No. 1004 Local Registrar's No. 745

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stearns Boy (Stellborn)

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Dec-17, 1935  
5. Number, in order of birth \_\_\_\_\_ Full term X (Month, Day, Year)

9. Full name FATHER Howard Alva Stearns 18. Full maiden name MOTHER Jessie Pond

10. Residence (usual place of abode) Boise R#1 19. Residence (usual place of abode) Boise R#1  
(If non-resident, give place and State)

11. Color or race Wh 12. Age at last birthday 46 (years) 20. Color or race Wh 21. Age at last birthday 43 (years)

13. Birthplace (city or place) South Dakota 22. Birthplace (city or place) South Dakota  
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wif

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 9 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 5

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of stillbirth Fall { Before labor X  
During labor \_\_\_\_\_

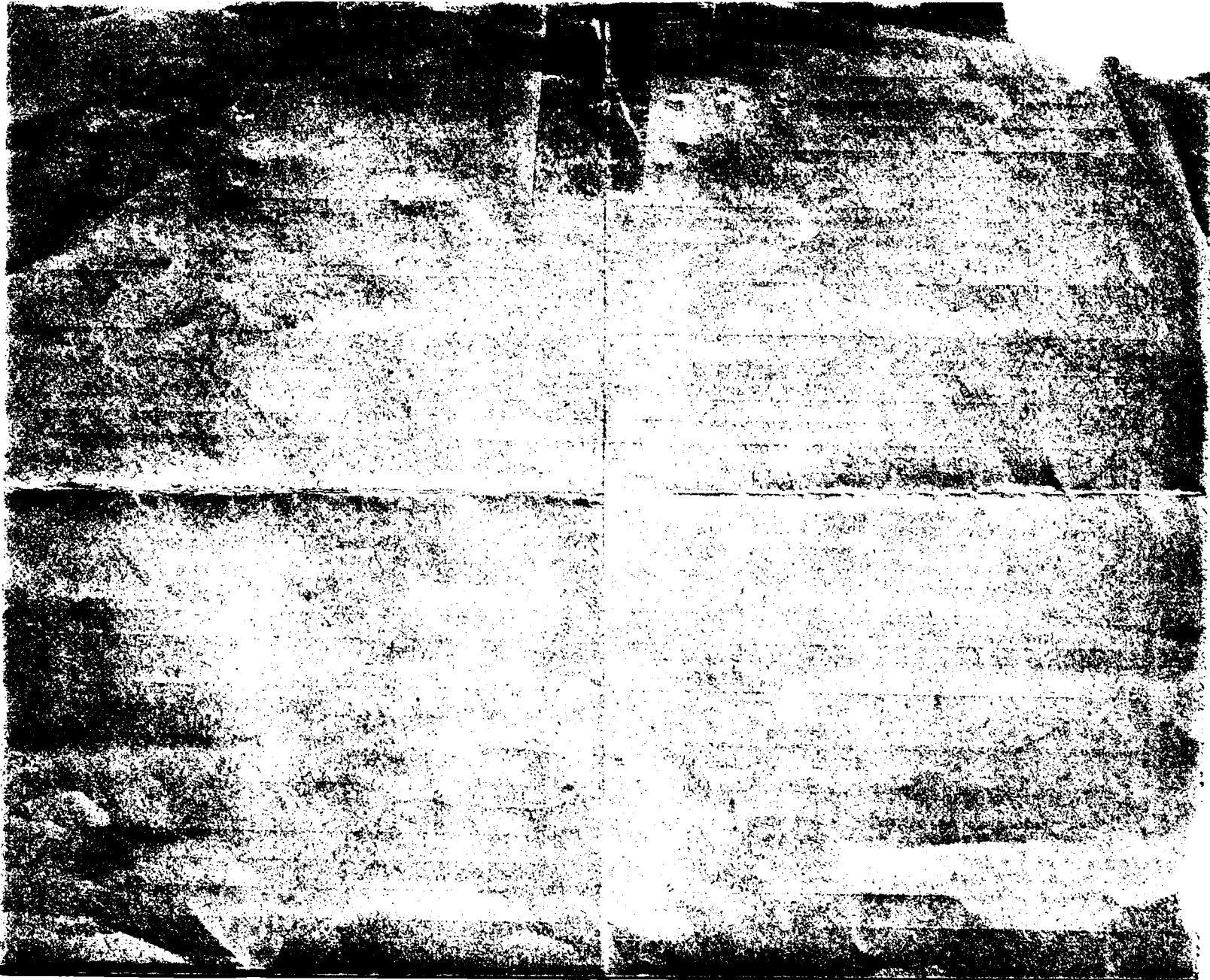
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 P. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) M. Callaway, M. D.  
or \_\_\_\_\_ Midwife  
Address 1341 Idaho  
Filed 12-31, 1935 R. Sharp  
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Stearns(a) Residence. No. Route 1 Boise

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 18, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho  
(State or country)

13. NAME Howard Stearns

14. BIRTHPLACE (city or town) S. Dak.  
(State or country)

15. MAIDEN NAME Jessie M. Pond

16. BIRTHPLACE (city or town) S. Dak.  
(State or country)

17. INFORMANT Howard Stearns, Boise  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 12-18-35 1935

19. UNDERTAKER W. McBratney, Boise  
(Address)

20. FILED 12-19-35 R. Sharp  
Registrar.

DO NOT WRITE IN THIS SPACE

96408

State File No. 386Local Registrar's No. 206

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-17-1935

22. I HEREBY CERTIFY, That I attended deceased from  
... 12-17 ..., 1935., to 12-17 ..., 1935..

I last saw him alive on ..., 193... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn  
Probably caused by fall  
of mother last few days of gestation  
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) M. C. Cavanaugh M. D.(Address) Boise, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

864-122 001-415  
AGE OF BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

238462

County Ada  
City of Boise  
No. 1575 Harrison Blvd St.  
D. Lukes

Registration District No. 2 State File No. \_\_\_\_\_

(If born in hospital or institution give name) Prim. Registration District No. 1004 Local Registrar's No. 743

2. FULL NAME OF CHILD

Stillborn Young

3. Sex M. If plural births { 4. Twin, triplet, or other ☒ 5. Number, in order of birth 1 6. Premature ☒ 7. Legitimate ☒ 8. Date of birth 11/22/35 1935  
Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER  
Marvin Young  
10. Residence (usual place of abode)  
(If non-resident, give place and State) 1575 Harrison  
11. Color or race White 12. Age at last birthday 31 (years)  
13. Birthplace (city or place)  
(State or Country) Greece

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. owner & manager  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name MOTHER  
Marie Davis  
19. Residence (usual place of abode)  
(If non-resident, give place and State) 1575 Harrison Blvd.  
20. Color or race W. 21. Age at last birthday 26 (years)  
22. Birthplace (city or place)  
(State or Country) Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? L

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn yes

29. If stillborn, period of gestation 9 mo. { months or weeks 30. Cause of Stillbirth strangulation  
with cord around neck { Before labor confirmed  
During labor neck

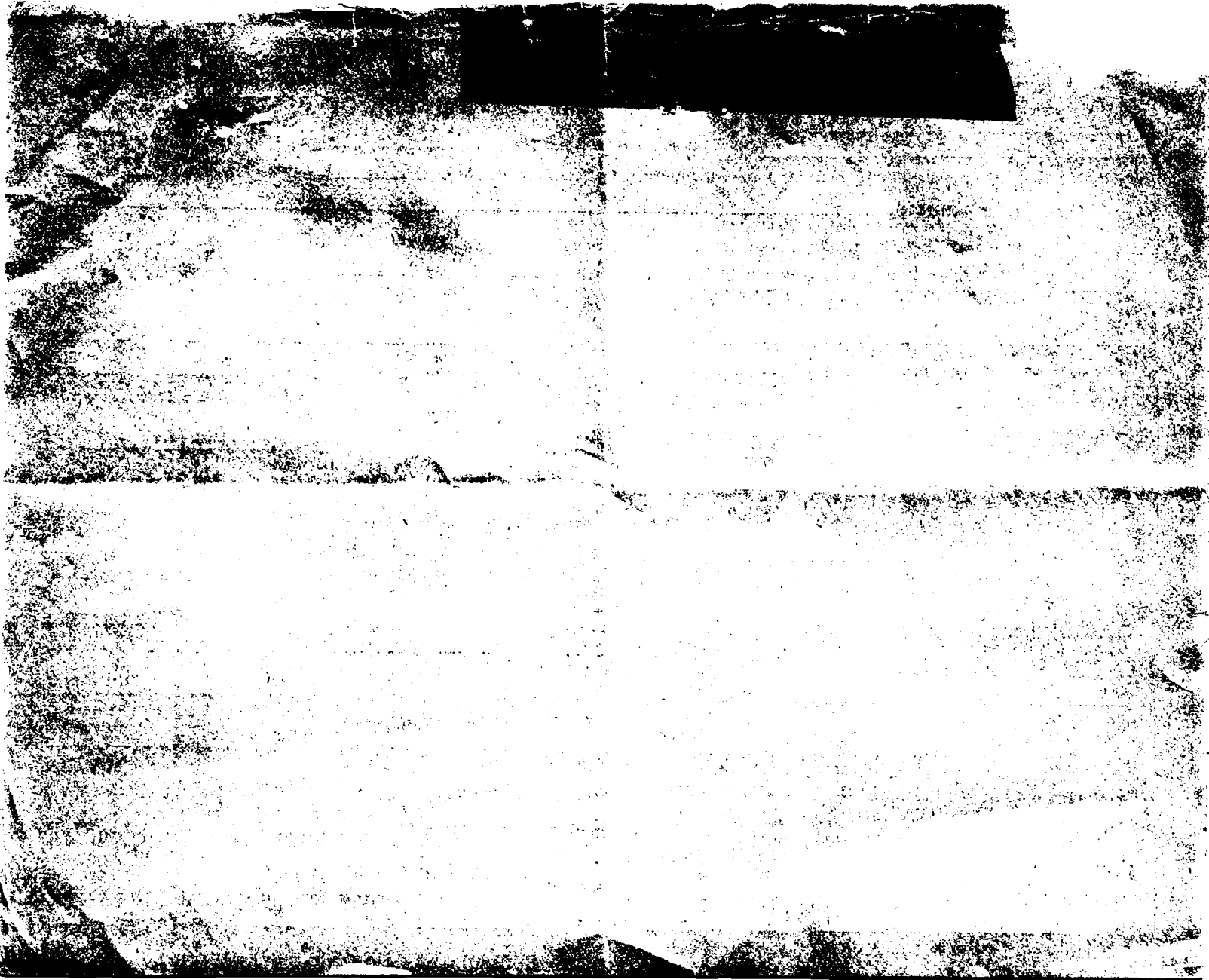
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 5:30 A. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.

(Signed) G. J. Coats, M. D.  
or \_\_\_\_\_, Midwife  
Address Boise Idaho  
Filed 12-31, 1935 R. Sharp  
Registrar. Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <b>95977</b> State File No. ....	
County of <u>Ada</u>		City of <u>Boise</u>		Registration District No. <u>2</u>	
Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>359</u>		St. Lukes Hospital	
<b>DEC 10 1935 RECEIVED</b> (If death occurred in hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Guss Marvin Young</u>					
(a) Residence. No. <u>1505 Harrison Blvd.</u> St. ....					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M.</u>			21. DATE OF DEATH (month, day and year) <u>11-22-1935</u>		
4. Color or Race <u>W.</u>			22. I HEREBY CERTIFY, That I attended deceased from		
5. Single, Married, Widowed or Divorced (write the word)			....., 193...., to ..... , 193....		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.		
6. DATE OF BIRTH (month, day, and year) <u>11-22-1935</u>			The principal cause of death and related causes of importance were as follows:		
7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.			Date of onset		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			<u>Still Born</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Other contributory causes of importance:		
10. Date deceased last worked at this occupation (mo. and yr.)			<u>Cord around babies neck twice. Breech.</u>		
11. Total time (years) spent in this occupation			Name of operation..... Date of.....		
12. BIRTHPLACE (city or town)..... Boise..... (State or country)			What test confirmed diagnosis?.... Was there an autopsy?..		
13. NAME <u>Marvin Young</u>			23. If death was due to external causes (violence) fill in also the following:		
14. BIRTHPLACE (city or town)..... Greece..... (State or country)			Accident, suicide, or homicide?..... Date of injury... 193.		
15. MAIDEN NAME <u>Marie Davis</u>			Where did injury occur?..... (Specify city or town, county, and state)		
16. BIRTHPLACE (city or town)..... Idaho..... (State or country)			Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT <u>Mrs. Guss Davis</u> (Address) <u>Boise</u>			Manner of injury.....		
18. BURIAL, CREMATION OR REMOVAL Place..... <u>Morris Hill</u> Date <u>11-25-1935</u>			Nature of injury.....		
19. UNDERTAKER <u>J. McRatney</u> (Address) <u>Boise</u>			24. Was disease or injury in any way related to occupation of deceased?..... If so specify		
20. FILED <u>11-25-1935</u> <u>R. Sharp</u> Registrar			(Signed) <u>ag Coates</u> , M. D.		
			(Address) .....		

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFAADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Ada.  
City of Boise Idaho.  
No. 1617 N. 24. St.  
The Salvation Army Home.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **38478**

Registration District No. 2 State File No. 924

Prim. Registration District No. 1004 Local Registrar's No. 924

2. FULL NAME OF CHILD

Baby McGee

(Stillborn)

3. Sex      If plural births      4. Twin, triplet, or other      5. Number, in order of birth      6. Premature      7. Legitimate? yes 8. Date of birth 12-17-35 1935 (Month, Day, Year)

9. Full name FATHER  
LaVerne McGee

10. Residence (usual place of abode)  
(If non-resident, give place and State) Idaho 7/3/35

11. Color or race W 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc Taxi driver

16. Date (month and year) last engaged in this work 17. Total time (years) spent

19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Penicillin

28. Number of children of this mother (At time of this birth and including this child) 1

(a) Born alive and now living      (b) Born alive but now dead      (c) Stillborn yes

29. If stillborn, period of gestation full term months or weeks

30. Cause of stillbirth Multipara 1st of 2nd try Before labor      During labor     

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11-35 at      on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Boise Idaho M. D.

or Boise Idaho Midwife

Address Boise Idaho

Filed 12-20 1935 R. Sharp

Registrar.

STATE OF NEW YORK  
IN SENATE  
January 10, 1912.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 10, 1911.  
ALBANY:  
J.B. LEECH, STATE PRINTER.  
1912.

ALBANY, N. Y., JANUARY 10, 1912.

SIR:

I have the honor to acknowledge the receipt of your letter of the 27th inst., and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours obedient servant,  
J. B. LEECH,  
State Printer.

STATE OF NEW YORK  
IN SENATE  
January 10, 1912.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 10, 1911.  
ALBANY:  
J.B. LEECH, STATE PRINTER.  
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ALBANY, N. Y., JANUARY 10, 1912.

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I am, Sir, very respectfully,  
Yours obedient servant,  
J. B. LEECH,  
State Printer.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

96403

State File No.

Registration District No. 2

Primary Registration District No. 1004  
Salvation Army Home

Local Registrar's No. 385

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby McGee

(a) Residence. No. 1401 No. 7th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 17th 1935

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Boise Idaho  
(State or country)

MOTHER FATHER

13. NAME La Verne McGee

14. BIRTHPLACE (city or town) Ashton Idaho  
(State or country)

15. MAIDEN NAME Alzena Grossman

16. BIRTHPLACE (city or town) Kansas City Mo.  
(State or country)

17. INFORMANT La Verne McGee  
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 12/18, 1935

19. UNDERTAKER Schreiber & McCann  
(Address) Boise Idaho

20. FILED 12-19, 1935 R. Sharp  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 17<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17<sup>th</sup> 1935 to Dec 17<sup>th</sup> 1935

I last saw him alive on Dec 17<sup>th</sup> 1935; death is said

to have occurred on the date stated above. The principal cause of death and related causes of importance were as follows:

Respiration of  
Respiratory Cord  
Asphyxiation

Other contributory causes of importance:

malnutrition

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1935

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Miss B. B. B. M. D.  
(Address) Boise Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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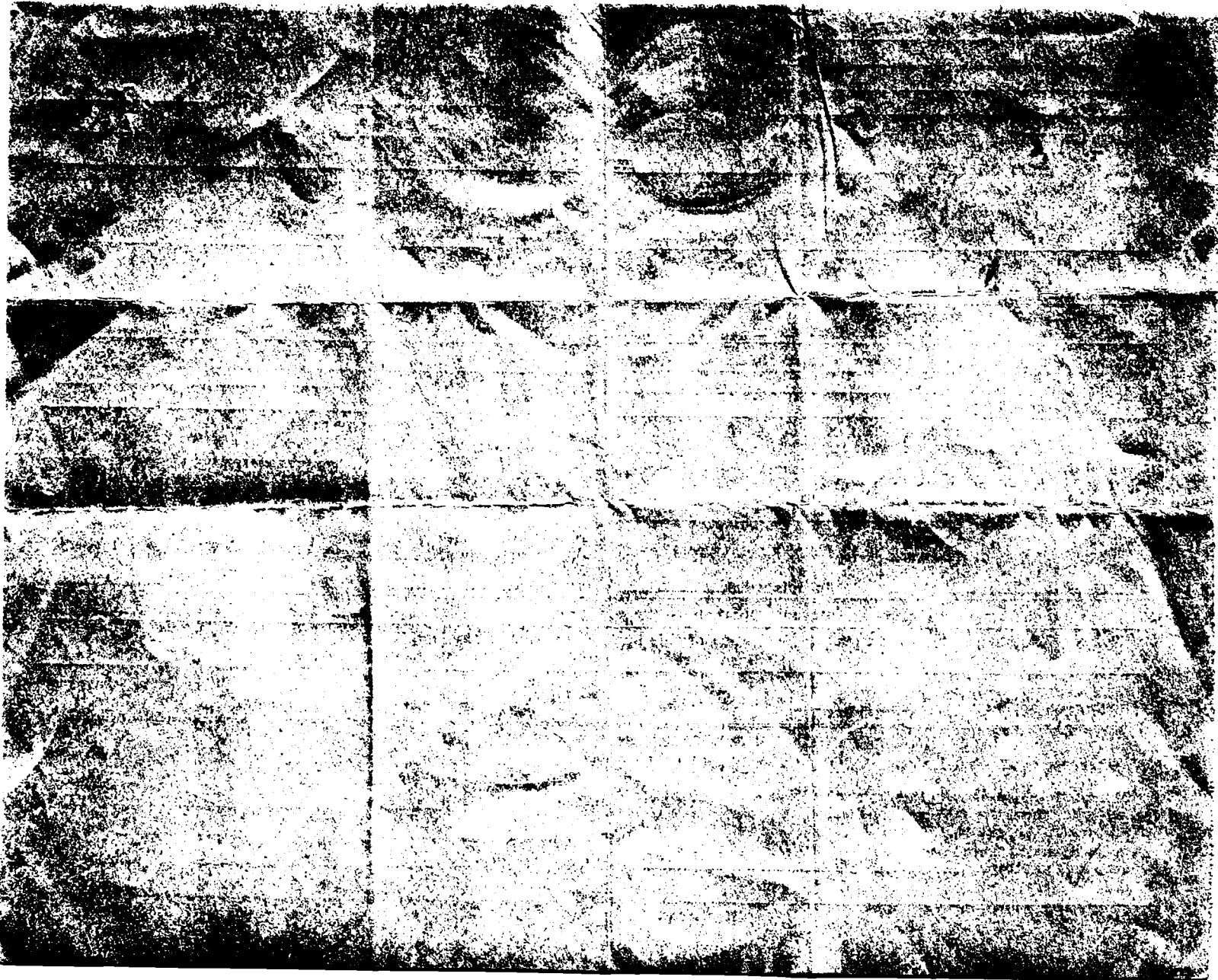
.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. 239-3887-0191-37 County of <u>Bernieville</u> City of <u>Idaho Falls, Idaho</u> No. <u>Memorial Drive St</u> <u>L. D. S. Hospital</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 238673	
(If born in hospital or institution give name)		Registration District No. <u>73</u>	State File No. <u>S 706</u>
2. FULL NAME OF CHILD <u>Honnie Fullbrook</u>		Prim. Registration District No. <u>73</u>	Local Registrar's No. <u>706</u>
3. Sex <u>girl</u>	If plural births { Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>6 months</u> Legitimate? <u>yes</u>	8. Date of birth <u>Dec 7, 1935</u> (Month, Day, Year)
9. Full name FATHER <u>Burton L. Honie</u>		18. Full maiden name MOTHER <u>Nora Francis Mc Gahan</u>	
10. Residence (usual place of abode) <u>Menay Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Menay, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>white</u>		20. Color or race <u>white</u>	
12. Age at last birthday <u>44</u> (years)		21. Age at last birthday <u>41</u> (years)	
13. Birthplace (city or place) <u>Man, Mass</u> (State or Country)		22. Birthplace (city or place) <u>Payson, Utah</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rents Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>Dec 7, 1935</u>		25. Date (month and year) last engaged in this work <u>Dec 6, 1935</u>
17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>18 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol 20%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 months</u> { months or weeks		30. Cause of stillbirth { Before labor During labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>[Signature]</u> , M. D.	
Give name added from a supplemental report		or _____, Midwife	
(Date of)		Address <u>Idaho Falls, Idaho</u>	
Registrar.		Filed <u>12/10</u> , 1935 <u>[Signature]</u> Registrar.	





N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 7 1936 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

96503

County of BonnerCity of Idaho Falls

## CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 215-6Local Registrar's No. 248

(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME

(a) Residence. No. menar

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Baby

6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 7 1935

7. AGE Years Months Days If LESS than 1 day, hrs. min.  
Still birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls

13. NAME Bert Horis

14. BIRTHPLACE (city or town) (State or country) Pascade Mo

15. MAIDEN NAME Aura Megahan

16. BIRTHPLACE (city or town) (State or country) Payson Utah

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date 12/7, 1935

19. UNDERTAKER (Address) None

20. FILED 12/7, 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1935, to Dec 7, 1935.

I last saw him alive on 12/7, 1935. death is said to have occurred on the date stated above, at ? m. The principal cause of death and related causes of importance were as follows:

Date of onset

Hydrocephalus Before birth  
Premature Gmo  
Strangulation of cord  
Before birth  
3 hrs.

Name of operation None Date of ?What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1935.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Idaho Falls  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

942-123-2013-613

1. PLACE OF BIRTH  
 County of Camas  
 City of Fairfield JAN 15 1936  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238697

Registration District No. 55 State File No. \_\_\_\_\_

Prim. Registration District No. 2138 Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature X 7. Legitimate? yes 8. Date of birth Oct 23, 1935 (Month, Day, Year)

9. Full name FATHER Raymond Thomas Rupp 18. Full maiden name MOTHER Martha Watts

10. Residence (usual place of abode) (If non-resident, give place and State) Hill City Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Hill City Idaho

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Kansas 22. Birthplace (city or place) (State or Country) Baker City Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeping

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wheat Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work now, 19\_\_\_\_ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work Oct 23, 1935 26. Total time (years) spent in this work yes

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 mos { months or weeks \_\_\_\_\_ 30. Cause of Stillbirth Cord defective { Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

(Signed) W B Parkinson, M. D.

or \_\_\_\_\_, Midwife

Address Fairfield Idaho

Filed Jan 10, 1936 W B Parkinson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2

1992

1992

NO  
DU

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of separate return must be made for each, and the number of each, in order of birth.

Registration District <u>61</u> State File No. <u>S</u>	
Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>159</u>	
2. FULL NAME OF CHILD <u>Baby girl Mulalley</u> <u>238925</u>	
3. Sex <u>female</u> If plural births	4. Twin, triplet, or other <u>-</u>
5. Number, in order of birth <u>-</u>	6. Premature <u>yes</u> Legitimate <u>yes</u>
7. Date of birth <u>Dec. 11, 1935</u> (Month, Day, Year)	
9. Full name <u>FATHER Clayton P. Mulalley</u>	18. Full maiden name <u>MOTHER Nellie Ruby Oliver</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Geneseo, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Geneseo, Idaho</u>
11. Color or race <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>27</u> (years)	21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho</u>	22. Birthplace (city or place) (State or country) <u>Washington</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>-</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>-</u>
16. Date (month and year) last engaged in this work <u>-</u> , 19 <u>-</u>	25. Date (month and year) last engaged in this work <u>-</u> , 19 <u>-</u>
17. Total time (years) spent in this work <u>life</u>	26. Total time (years) spent in this work <u>-</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>-</u>	
28. Number of children of this mother (At time of this birth and including this child)	
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>-</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>Two</u> months or weeks	30. Cause of stillbirth <u>Not Known</u>
Before labor <u>yes</u>	
During labor <u>-</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:00 p.m. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. H. Thompson, M. D.

or Moscow, Midwife

Address Idaho

Filed 1-6-, 1936

Give name added from a supplemental report - (Date of) -

Registrar.

Registrar.

049882

049882

[The following text is extremely faint and largely illegible due to heavy noise and low contrast. It appears to be a multi-paragraph document, possibly a report or a letter, with several lines of text visible across the page. Some fragments are discernible, such as "The following information", "It is noted that", and "The results of the", but the majority of the content cannot be accurately transcribed.]

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

**JAN 9 1936 RECEIVED**  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**PLACE OF DEATH**  
County of Latah  
City of Genesee, Idaho  
Route 1

**CERTIFICATE OF DEATH**  
Registration District No. 61  
Primary Registration District No. 1011 Local Registrar's No. 76

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby girl Mulalley  
(a) Residence. No. Route 1, Genesee, Idaho St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>stillbirth</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Dec. 12, 1935</u>		
7. AGE <u>stillbirth</u>	Years Months Days	If LESS than 1 day... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Route 1, Genesee, Idaho</u>		
13. NAME <u>Clayton P. Mulalley</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
15. MAIDEN NAME <u>Mellie Ruby Oliver</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Washington</u>		
17. INFORMANT <u>Clayton P. Mulalley</u> (Address) <u>Genesee, Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow, Ida.</u> Date <u>12/12</u> , 193 <u>5</u>		
19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow, Ida.</u>		
20. FILED <u>12/12</u> , 193 <u>5</u> <u>Hampdenhouse</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day and year) stillbirth 1935

22. I HEREBY CERTIFY, That I attended deceased from stillbirth 1935, to \_\_\_\_\_, 1935.

I last saw h.... alive on \_\_\_\_\_, 1935: death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

About 4 mos gestation  
Delivered at about  
7<sup>th</sup> mo. gestation

Other contributory causes of importance: \_\_\_\_\_

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 1935.  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes (If so, specify \_\_\_\_\_)

(Signed) C. Thompson, M. D.  
(Address) Genesee, Ida.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 135-121032-345  
PLACE OF BIRTH  
County of Lincoln  
City of Blissville  
No. \_\_\_\_\_ St. \_\_\_\_\_

JAN 11 1936

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

238966

Registration District No. 16 + 17 State File No. S  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 46

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>no</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec 21, 1935</u> (Month, Day, Year)
9. Full name of FATHER <u>Carl Richard Alexander</u>		18. Full name of MOTHER <u>Anna Pearl Tuel</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>20</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Oregon</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>To date</u> , 19____	17. Total time (years) spent in this work <u>2</u>	25. Date (month and year) last engaged in this work <u>To date</u>	26. Total time (years) spent in this work <u>1</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 250 { months or weeks \_\_\_\_\_  
30. Cause of stillbirth { Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 6:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.

(Signed) F. E. Barrett, M. D.  
or \_\_\_\_\_, Midwife  
Address Blissville, Ida  
Filed 1-9- 1935 J. O. Barker  
Registrar.

(Date of) \_\_\_\_\_  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF ILLINOIS		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>	City of <u>Shoshone</u>	1936		RECEIVED		State File No. <u>96683</u>	
Registration District No. <u>16-77</u>		Primary Registration District No. ....		Local Registrar's No. <u>57</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)							
2. FULL NAME <u>St. Albarn Baby Girl - Carl Alexander</u>							
(a) Residence. No. <u>Shoshone</u>		St. ....		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)					
6a. If married, widowed or divorced HUSBAND of <u>Carl Alexander</u> (or) WIFE of <u>Anna Tuel Alexander</u>							
6. DATE OF BIRTH (month, day, and year)							
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or .... min.			
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>							
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>							
10. Date deceased last worked at this occupation (mo. and yr.)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Shoshone</u> (State or country)							
13. NAME							
14. BIRTHPLACE (city or town) (State or country)							
15. MAIDEN NAME <u>Anna Tuel</u>							
16. BIRTHPLACE (city or town) (State or country)							
17. INFORMANT (Address)							
18. BURIAL, CREMATION OR REMOVAL <u>Buried</u> Place <u>Berry</u> Date <u>12/21</u> , 193 <u>5</u>							
19. UNDERTAKER <u>Berry</u> (Address)							
20. FILED <u>12/21</u> , 193 <u>5</u> <u>J. E. T. Barker</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Dec 21</u> 193 <u>5</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 21</u> 193 <u>5</u> to <u>Dec 21</u> 193 <u>5</u>							
I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at .....m.							
The principal cause of death and related causes of importance were as follows:							
<u>Stillborn</u>							
Date of onset <u>12/21/35</u>							
Other contributory causes of importance:							
Name of operation..... Date of.....							
What test confirmed diagnosis? <u>Ex</u> Was there an autopsy? <u>yes</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193... Where did injury occur?..... (Specify city or town, county, and state)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury.....							
Nature of injury.....							
24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....							
(Signed) <u>T. E. T. Barker</u> M. D.							
(Address) <u>Shoshone</u>							

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3222-284-109-073 555

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison  
City of Reeburg  
No. St.

Dr. Schubert Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Shelborn Squires

Sex Male

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

7. Legitimate

8. Date of birth 7 9 1936  
(Month, Day, Year)

9. Full name

FATHER

Whitney K Squires  
10. Residence (usual place of abode) Reeburg  
(If non-resident, give place and State)  
11. Color of White 12. Age at last birthday 43 (years)

13. Birthplace (city or place) Utah  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

18. Full maiden name

MOTHER

Hella H. Reudricks  
19. Residence (usual place of abode) Reeburg  
(If non-resident, give place and State)  
20. Color of White 21. Age at last birthday 39 (years)

22. Birthplace (city or place) Utah  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 4

29. If stillborn, period of gestation months 30. Cause of stillbirth Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 3 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

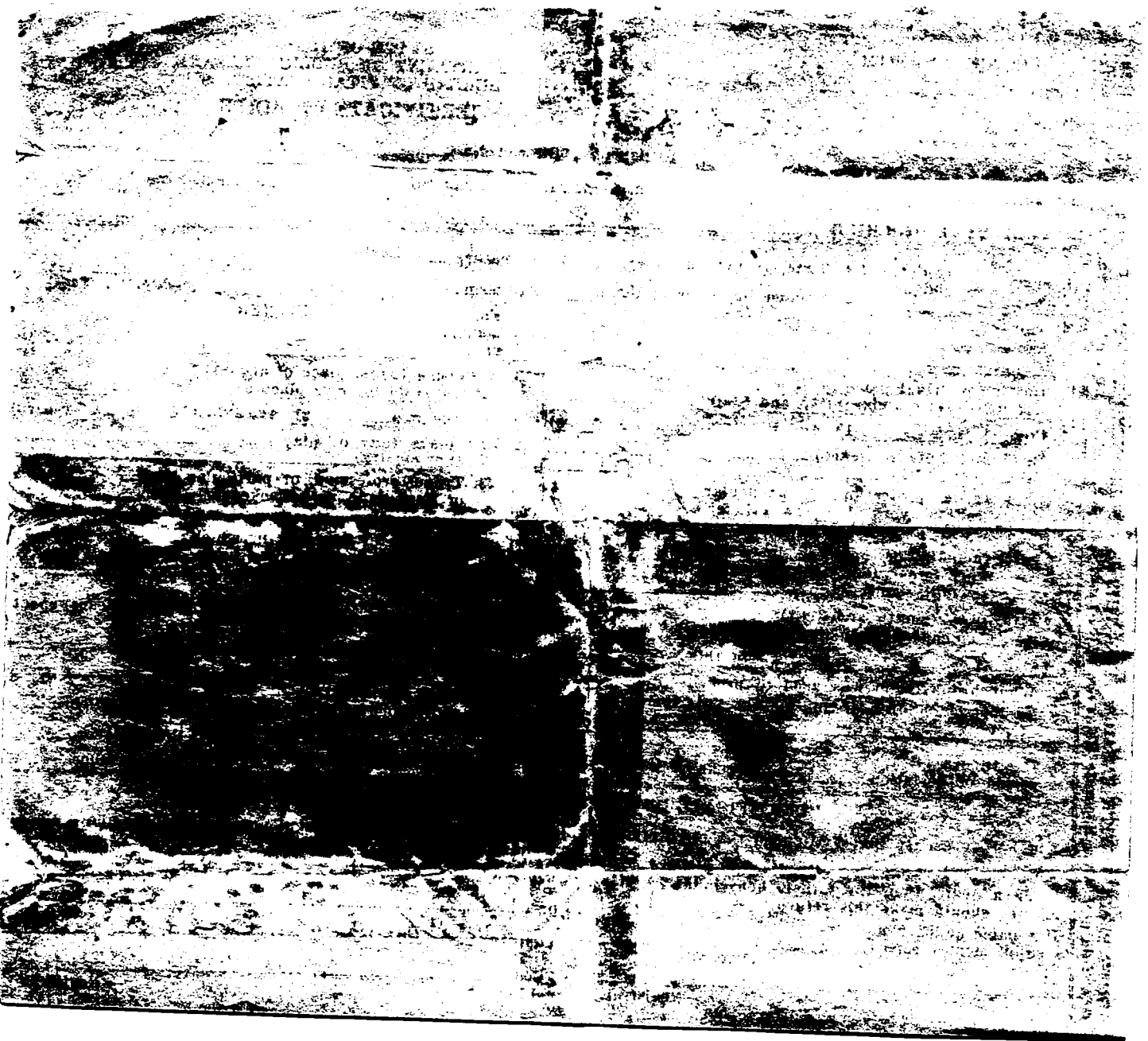
(Signed) James H. Rich

or

Address Reeburg Idaho

Filed 1-8- 1936 Miss H. E. Young

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 25-16-1935

1935

RECEIVED

# CERTIFICATE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH

County of Madison  
City of Stephensburg

Registration District No. 100  
Primary Registration District No. 2178  
(No. \_\_\_\_\_ St.)

State File No. 94664  
Local Registrar's No. 49

If death occurs 7 day from  
usual residence, give facts  
called for under special in-  
formation.

## 2. FULL NAME

Stillborn Squires

If death occurred in a hos-  
pital, institution or camp,  
give its NAME instead of  
street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-  
OWED OR DIVORCED Infant  
(Write the word)

6. DATE OF BIRTH July 9 1935  
(Month) (Day) (Year)

7. AGE \_\_\_\_\_  
IF LESS than 1  
day how many  
\_\_\_\_\_ hrs. or  
\_\_\_\_\_ min.?  
Yrs. Mos. ds.

## 8. OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of in-  
dustry, business or estab-  
lishment in which employ-  
ed (or employer)

9. BIRTHPLACE Bozeman, Idaho  
(State or Country)

10. NAME OF FATHER Whitney N. Squires

11. BIRTHPLACE OF FATHER Idaho  
(State or Country)

12. MAIDEN NAME OF MOTHER Della H. Hendricks

13. BIRTHPLACE OF MOTHER Bozeman, Idaho  
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. H. Squires  
(Address) Bozeman, Idaho #3

15. Filled 8-10 1935 Mrs. H. E. Young  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 9 1935  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
7-9-1935 to 7-9-1935  
that I last saw him at Stillborn 1935,  
and that death occurred on the date stated above, at \_\_\_\_\_ M.

The CAUSE OF DEATH\* was as follows:  
Stillborn

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) Hydrocephalus of Mother  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Louise J. Rich M. D.  
7/10 1935 (Address) Richburg

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  
At place \_\_\_\_\_ In the \_\_\_\_\_  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted  
if not at place of death?  
Former or  
usual residence \_\_\_\_\_

19. PLACE OF BURIAL OR REMOVAL Richburg, Ida. DATE OF BURIAL 7-10 1935  
20. UNDERTAKER none ADDRESS \_\_\_\_\_



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH.**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

845-202-137-175

1. PLACE OF BIRTH  
County of Madison  
City of Bozeman  
No. 100 St.

JAN 11 1936

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
239003

Registration District No. 100 State File No. 2178  
Prim. Registration District No. 2178 Local Registrar's No. 268

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Jay Collins Kley

3. Sex ♂ If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term. ✓ 7. Legitimate? Y 8. Date of birth Nov 2, 1935 (Month, Day, Year)

9. Full name FATHER Wm. Nathaniel Kley  
10. Residence (usual place of abode) (If non-resident, give place and State) Bozeman  
11. Color or race W. 12. Age at last birthday 32 (years)  
13. Birthplace (city or place) (State or Country) Madison, Ida.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation 9 mo months or weeks 30. Cause of Stillbirth During labor Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

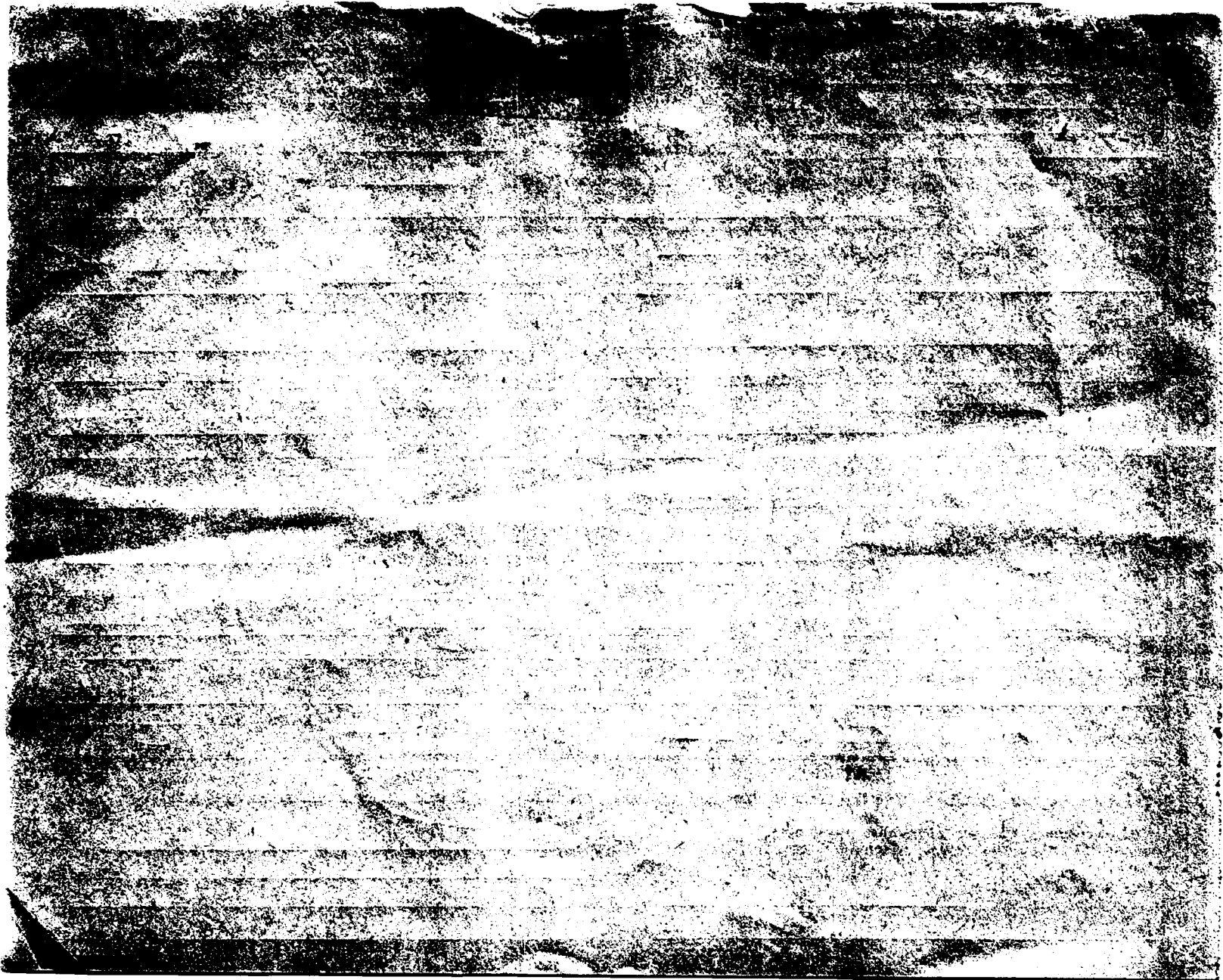
I hereby certify that I attended the birth of this child, who was Bozeman at 3:15pm. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (Date of)

(Signed) H. H. Beck Jr., M. D.  
or Bozeman, Ida., Midwife  
Address Bozeman, Ida.  
Filed 1-8-, 1936 Mrs. H. E. Young Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 12 1935 RECEIVED

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSCounty of MadisonCity of Rehburg

## CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 95782Local Registrar's No. 66

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stellborn, Gladys(a) Residence. No. Libbard Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min. Nov. 2-19358. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stellborn 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Rehburg (State or country)13. NAME Glen Hurchley14. BIRTHPLACE (city or town) Idaho (State or country)15. MAIDEN NAME Gladys Spencer16. BIRTHPLACE (city or town) Rehburg (State or country)17. INFORMANT Mrs. G. K. Spencer (Address) Rehburg18. BURIAL, CREMATION OR REMOVAL Place Rehburg Date Nov. 4, 193519. UNDERTAKER none (Address)20. FILED 11-7-1935 Mrs. H. E. Young Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 2 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 2, 1935.I last saw him alive on ..... 1935; death is said to have occurred on the date stated above, at 3:15 p.m. The principal cause of death and related causes of importance were as follows:Date of onset Stillborn due to prolapsed cordOther contributory causes of importance: transverse lesion of thoracic vertebraeName of operation Caesarian section of Nov. 2

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1935.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Young M. D. (Address) Rehburg, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

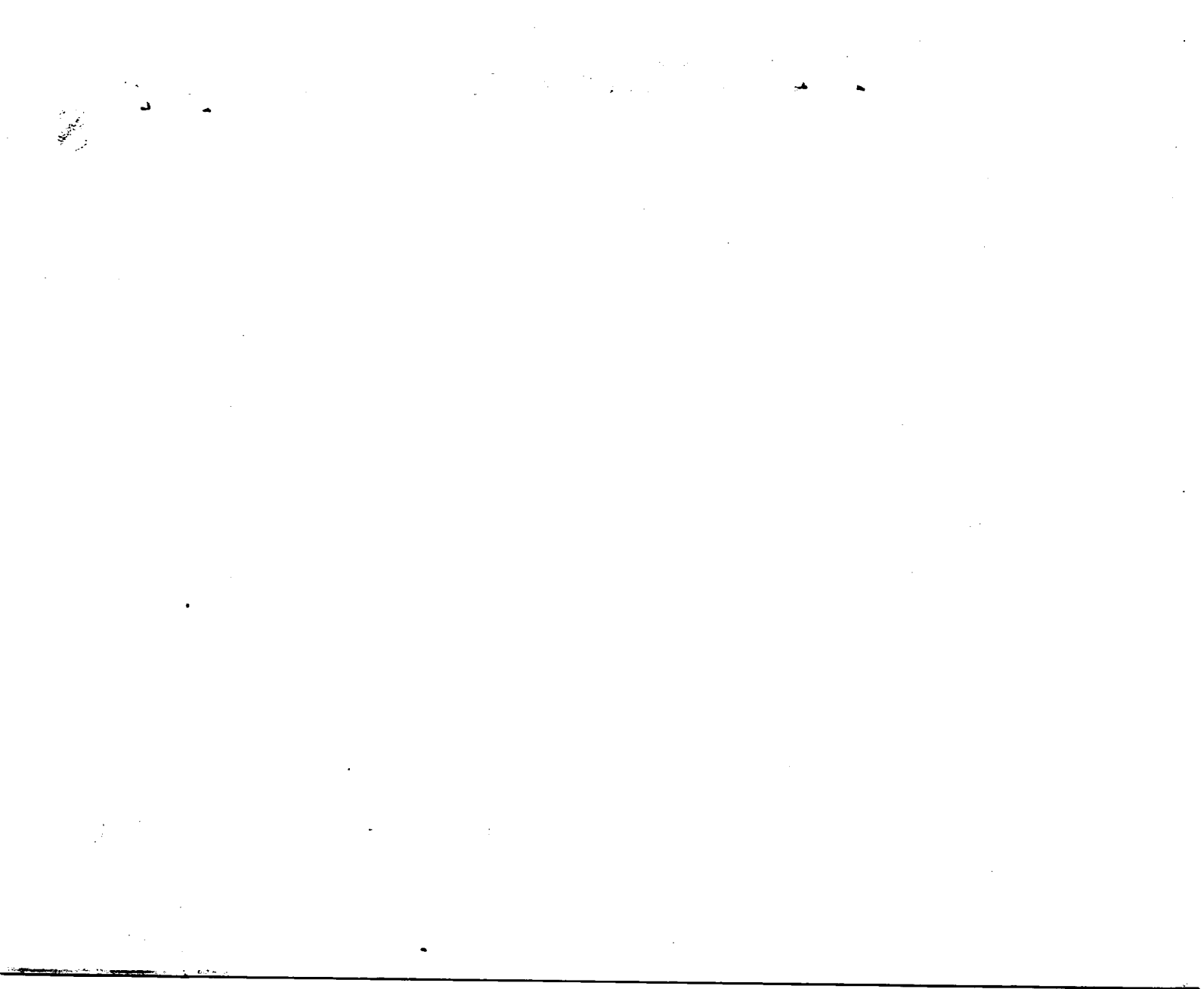
*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

416 226-235-514  
PLACE OF BIRTH  
County of Boz Perre **JAN 17 1936 RECEIVED**  
City of Lewiston  
No. St. Joseph's Hospital St. Registration District No. 1009 State File No. 239042  
(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. S  
2. FULL NAME OF CHILD Baby Dawson  
3. Sex Female If plural { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 11 - 26, 1935 (Month, Day, Year)  
9. Full name Frank Dawson FATHER 18. Full maiden name Nellie Vaughn MOTHER  
10. Residence (usual place of abode) Lewiston (If non-resident, give place and State) 19. Residence (usual place of abode) Lewiston (If non-resident, give place and State)  
11. Color or race W. 12. Age at last birthday 43 (years) 20. Color or race W. 21. Age at last birthday 39 (years)  
13. Birthplace (city or place) Wis. (State or Country) 22. Birthplace (city or place) Wis. (State or Country)  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber mill employee 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth Unknown Before labor \_\_\_\_\_ During labor \_\_\_\_\_  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Still born at 9:00 p.m. on the date above stated.  
(Born Alive or Stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar. Jan 9, 1936 J. M. Lyle  
Filed \_\_\_\_\_ Registrar. roy R



Dr E.G.Braddock

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Nez Perce  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

96260

State File No. \_\_\_\_\_

DEC 11 1935 RECEIVED

Registration District No. 1009Registration District No. 96

Local Registrar's No. \_\_\_\_\_

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Daughter Mr & Mrs Frank M. Dawson(a) Residence. No. 317 Miller Stn

St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/25/35

7. AGE Years Months Days If LESS than 1 day hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho

13. NAME Frank M. Dawson

14. BIRTHPLACE (city or town) Wisconsin  
(State or country)

15. MAIDEN NAME Mellie Vaughn

16. BIRTHPLACE (city or town) Wisconsin  
(State or country)

17. INFORMANT Frank M. Dawson  
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REBURY  
Place Lewiston Ida. Date 11/25/35 1935

19. UNDERTAKER Vassar-Smythnessy  
(Address) Lewiston Idaho

20. FILED Dec 4, 1935 J. M. Ryle  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/25/35

22. I HEREBY CERTIFY, That I attended deceased from  
Nov 25, 1935, to Nov 25, 1935

I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

Dead Born  
(Cause unknown)  
9 months gestation

Other contributory causes of importance:

Date of onset

Name of operation none Date of 11/25/35  
What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. G. Braddock, M. D.  
(Address) Lewiston Idaho

206



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CITY OF  
CERTIFICATE OF BIRTH

Prim. Registration District No. 1086 Local R. Stilborn Peterson

18. Full maiden name **MOTHER** Sarah Norma Welch -

20. Color or race.....W..... | 21. Age at last birthday.....25..... (years)

22. Birthplace (city or place) Livingston, Illinois

(State or Country) Iaaho.

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Laureine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own house

25. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>55</u>	26. Total time (years) spent in this work. <u>3</u>
--	--

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

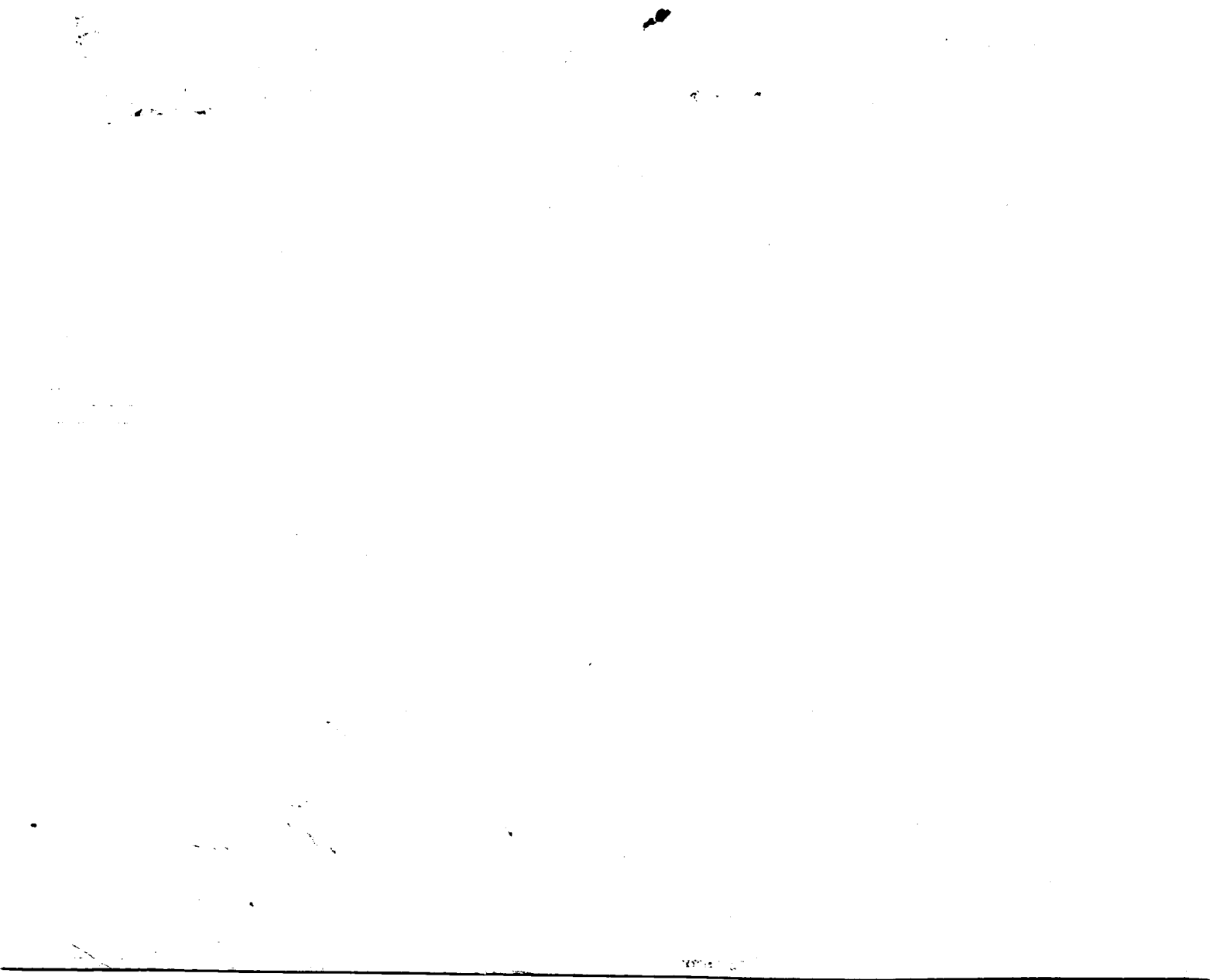
I hereby certify that I attended the birth of this child, who was Stillborn at 3:45 p.m. on the date above stated  
(Born Alive or Stillborn)

(Signed) Samuel H. Alexander, M. D.  
or F. S. D., Midwife

Address Home Falls, Idaho.  
Filed 1-7- 1936 J. B. [Signature] Register.

## Background:

**Registered.**



MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

# PLACE OF DEATH

County of Twin Falls  
City of Twin Falls

## CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 1085

(No. 1335--7Th Ave. East)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby John B. Robertson

(a) Residence. No. 1335- 7Th ave. East

(Usual place of abode)

Local Registrar's No. 277

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 22-1925

7. AGE Years 00 Months 00 Days 00 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho.

13. NAME John B. Robertson

14. BIRTHPLACE (city or town) So. Carl (State or country)

15. MAIDEN NAME Sarah Weech

16. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho.

17. INFORMANT John B. Robertson (Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Twin Falls, Ida Date Dec. 23 1935

19. UNDERTAKER S. C. Phillips (Address) Twin Falls, Idaho.

20. FILED 12/23/35

DO NOT WRITE IN THIS SPACE

State File No. 96778

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 12-22 ..., 1935, to 12-22 ..., 1935.

I last saw him alive on Nov. 22 193...: death is said to have occurred on the date stated above, at 3.30 AM. The principal cause of death and related causes of importance were as follows:

Intra-uterine strangulation

Other contributory causes of importance:

Cord around neck  
five times  
skew loose from body

Name of operation none Date of ✓

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? See above (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. See above

Manner of injury Cord around neck

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ✓

(Signed) D. L. H. H. H. H. H., M. D.

(Address) Twin Falls, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			JAN 11 1936 RECEIVED			S					
County of <u>Twin Falls</u>			City of <u>Twin Falls</u>			No. <u>Sanito Cabius</u> St.			Registration District No. <u>37</u> State File No. <u>239139</u>					
(If born in hospital or institution give name.)			Prim. Registration District No. <u>1085</u>			Local Registrar's No. <u>586</u>								
2. FULL NAME OF CHILD <u>Paul Hoffman</u>									<u>(Stillborn)</u>					
3. Sex <u>M</u>		If plural births {		4. Twin, triplet, or other		6. Premature		7. Legitimate?		8. Date of birth <u>Dec 22 1935</u>				
				5. Number, in order of birth		Full term <u>yes</u>		mate? <u>yes</u>		(Month, Day, Year)				
9. Full name FATHER <u>Christian H. Hoffman</u>					18. Full maiden name MOTHER <u>Edna Viola Smith</u>									
10. Residence (usual place of abode) <u>Twin Falls</u>					19. Residence (usual place of abode) <u>Twin Falls</u>									
(If non-resident, give place and State)					(If non-resident, give place and State)									
11. Color or race <u>W</u>					12. Age at last birthday <u>5</u> (years)					20. Color or race <u>W</u>		21. Age at last birthday <u>35</u> (years)		
13. Birthplace (city or place) <u>Copenhagen Denmark</u>					22. Birthplace (city or place) <u>Topaz Mo.</u>									
(State or Country)					(State or Country)									
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>									
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.									
16. Date (month and year) last engaged in this work					17. Total time (years) spent in this work					25. Date (month and year) last engaged in this work			26. Total time (years) spent in this work	
19.					19.					19.			19.	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>														
28. Number of children of this mother (At time of this birth and including this child)														
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>														
29. If stillborn, period of gestation <u>Full term</u> { months or weeks						30. Cause of Stillbirth <u>Aphtia</u> { Before labor During labor								

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 a. m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) C. J. Weaver

M. D.

or

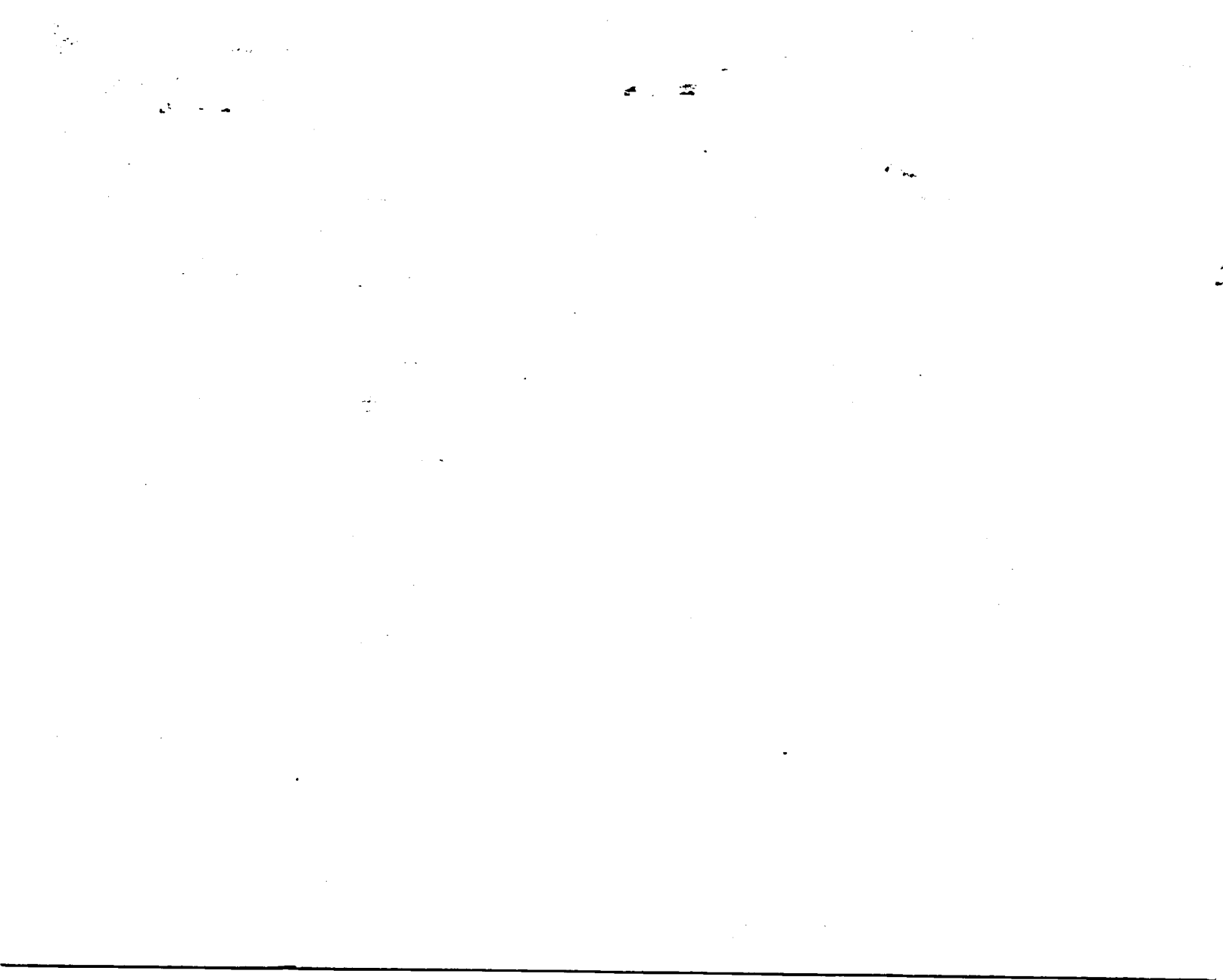
Address Twin Falls

Midwife

Filed 1-3-36

1935

Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 11 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH Twin Falls		COUNTY OF Twin Falls		State File No. <b>96771</b>	
City of Twin Falls		Registration District No. <b>37</b>		Local Registrar's No. <b>278</b>	
Primary Registration District No. <b>1085</b>		(No. <b>423 --4Th Ave, So</b> )		(If death occurred in a hospital or institution, give its name instead of street and number)	
2. FULL NAME <b>Baby C. H. Hoffman</b>					
(a) Residence. No. <b>423- 4th Ave, so</b>		St. <b>So</b>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <b>Female</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed or Divorced (write the word) <b>Single</b>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <b>Dec. 22-1935</b>					
7. AGE	Years <b>0</b>	Months <b>0</b>	Days <b>0</b>	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <b>spinner, sawyer, bookkeeper, etc.</b>					
9. Industry or business in which work was done, as <b>silk mill, saw mill, bank, etc.</b>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <b>Twin Falls, Idaho.</b> (State or country)					
13. NAME <b>C.H. Hoffman</b>					
14. BIRTHPLACE (city or town) <b>Denmark</b> (State or country)					
15. MAIDEN NAME <b>Edna Smith</b>					
16. BIRTHPLACE (city or town) <b>Mo.</b> (State or country)					
17. INFORMANT <b>C.H. Hoffman</b> (Address) <b>Twin Falls, Idaho.</b>					
18. BURIAL, CREMATION OR REMOVAL Place <b>Filer, Idaho.</b> Date <b>Dec. 23 1935</b>					
19. UNDERTAKER <b>S. C. Phillips</b> (Address) <b>Twin Falls, Idaho</b>					
20. FILED <b>12-27-1935</b>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <b>12/22/1935</b>					
22. I HEREBY CERTIFY, That I attended deceased <b>from</b> <b>on 12/22, 1935</b>					
I last saw him <b>at Stillborn</b> , 193... death is said to have occurred on the date stated above, at <b>8 AM</b> m.					
The principal cause of death and related causes of importance were as follows: <b>Diphtheria following</b> <b>rodentic version</b>					
Other contributory causes of importance: <b>Occiput post presentation in 3 1/2 year old primipara</b>					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....					
(Signed) <b>C. D. Meador</b> , M. D. (Address) .....					



# UNITED STATES STANDARD-CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

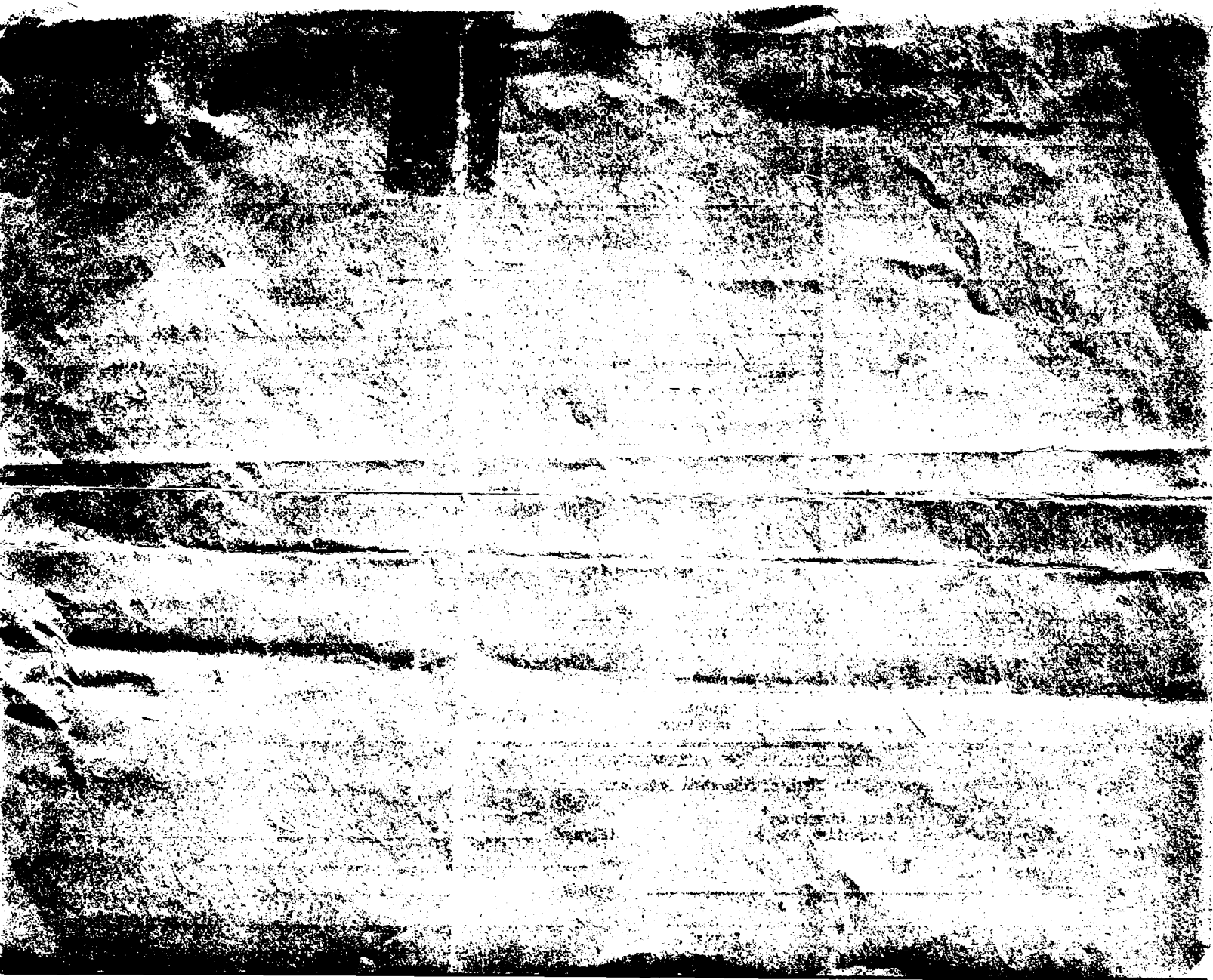
*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 651-213-000-719 PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JAN 14 1936		S CERTIFICATE OF BIRTH 239246	
County of <u>Ada</u>		City of <u>Kuna</u>		No. _____ St. _____	
(If born in hospital or institution give name.)		Registration District No. <u>124</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Babe Weatherby</u>		Prim. Registration District No. <u>2202</u>		Local Registrar's No. <u>180</u>	
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term <u>✓</u>	7. Legitimate? <u>✓</u>	8. Date of birth <u>Dec 13</u> , 19 <u>35</u> (Month, Day, Year)	
9. Full name FATHER <u>Ernest Weatherby</u>			18. Full maiden name MOTHER <u>Wanita Parsons</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kuna</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kuna</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>22</u> (years)			21. Age at last birthday <u>15</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Johnston Co. Arkansas</u>			22. Birthplace (city or place) (State or Country) <u>Padin, Okla</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>any kind</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work <u>not employed</u>			17. Total time (years) spent in this work <u>—</u>		
25. Date (month and year) last engaged in this work <u>Dec 12</u> , 19 <u>35</u>			26. Total time (years) spent in this work <u>1 year</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9 mo</u> { months or weeks					
30. Cause of stillbirth <u>Asphyxia</u> { Before labor _____ During labor <u>✓</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1 P</u> m. on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Give name added from a supplemental report _____					
(Date of) _____					
Registrar, _____					
(Signed) <u>R. E. Jewell</u> , M. D. or _____ Midwife Address <u>Memphis, Tenn</u> Filed <u>Jan. 3</u> , 19 <u>36</u> <u>Paul Whitaker</u> Registrar, _____					



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		IDaho		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		95389	
City of <u>Ada</u>		BUREAU OF VITAL STATISTICS		State File No. <u>183</u>	
Registration District No. <u>124</u>		Primary Registration District No. <u>2202</u>		Local Registrar's No. <u>183</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Weatherby</u>					
(a) Residence. No. <u>4 Mrs. E. Mord</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec 13, 1935</u>					
7. AGE		Years	Months	Days	If LESS than 1 day... hrs. or .... min.
		<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Ada</u> (State or country) <u>Idaho</u>					
MOTHER/FATHER					
13. NAME <u>Ernest Weatherby</u>					
14. BIRTHPLACE (city or town) <u>Clarksville</u> (State or country) <u>Arkansas</u>					
15. MAIDEN NAME <u>Junita Carson</u>					
16. BIRTHPLACE (city or town) <u>Chandler</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>E. Weatherby</u> (Address) <u>Ada</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Funeral Home</u> Date <u>Dec 14, 1935</u>					
19. UNDERTAKER <u>B. J. Hagg</u> (Address) <u>Meridian, Idaho</u>					
20. FILED <u>12-14-35</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>12/12/1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 13, 1935</u> , to <u>Dec 13, 1935</u> .					
I last saw him <u>alive</u> <u>Still born</u> , 193... death is said to have occurred on the date stated above, at .....m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury... 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.. <u>no</u> If so, specify.....					
(Signed) <u>T. S. Jewell</u> M. D.					
(Address) <u>Meridian, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
------------------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of each, stated.

464-104.00-994

PLACE OF BIRTH

1. County of Ada

City of Barnes Idaho

No. Ok. Alf. Honors Ship

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex M. If plural births { 4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth 1

9. Full name FATHER David Moultrie

10. Residence (usual place of abode) 407 So. 10th  
(If non-resident, give place and State) Barnes Idaho

11. Color or race W. 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as mailing clerk  
sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as tailor  
sawmill, bank, etc.

16. Date (month and year) last engaged in this work Adole, 1935

17. Total time (years) spent in this work 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

29. If stillborn, period of gestation 9 months or weeks

30. Cause of stillbirth Prolonged labor

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:08 pm. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S V  
239309

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

Prim. Registration District No. 1004 Local Registrar's No. 35

Baby Moultrie

8. Date of birth 12-1-1935  
(Month, Day, Year)

6. Premature \_\_\_\_\_ 7. Legitimate? Yes

Full term Yes

18. Full maiden name MOTHER Paula Middleton

19. Residence (usual place of abode) 407 So. 10th  
(If non-resident, give place and State) Barnes Idaho

20. Color or race W. 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Nebraska

23. Trade, profession, or particular kind of work done, as housekeeper  
typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home  
lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work Adole, 1935

26. Total time (years) spent in this work 1 yr.

OCCUPATION

OCCUPATION

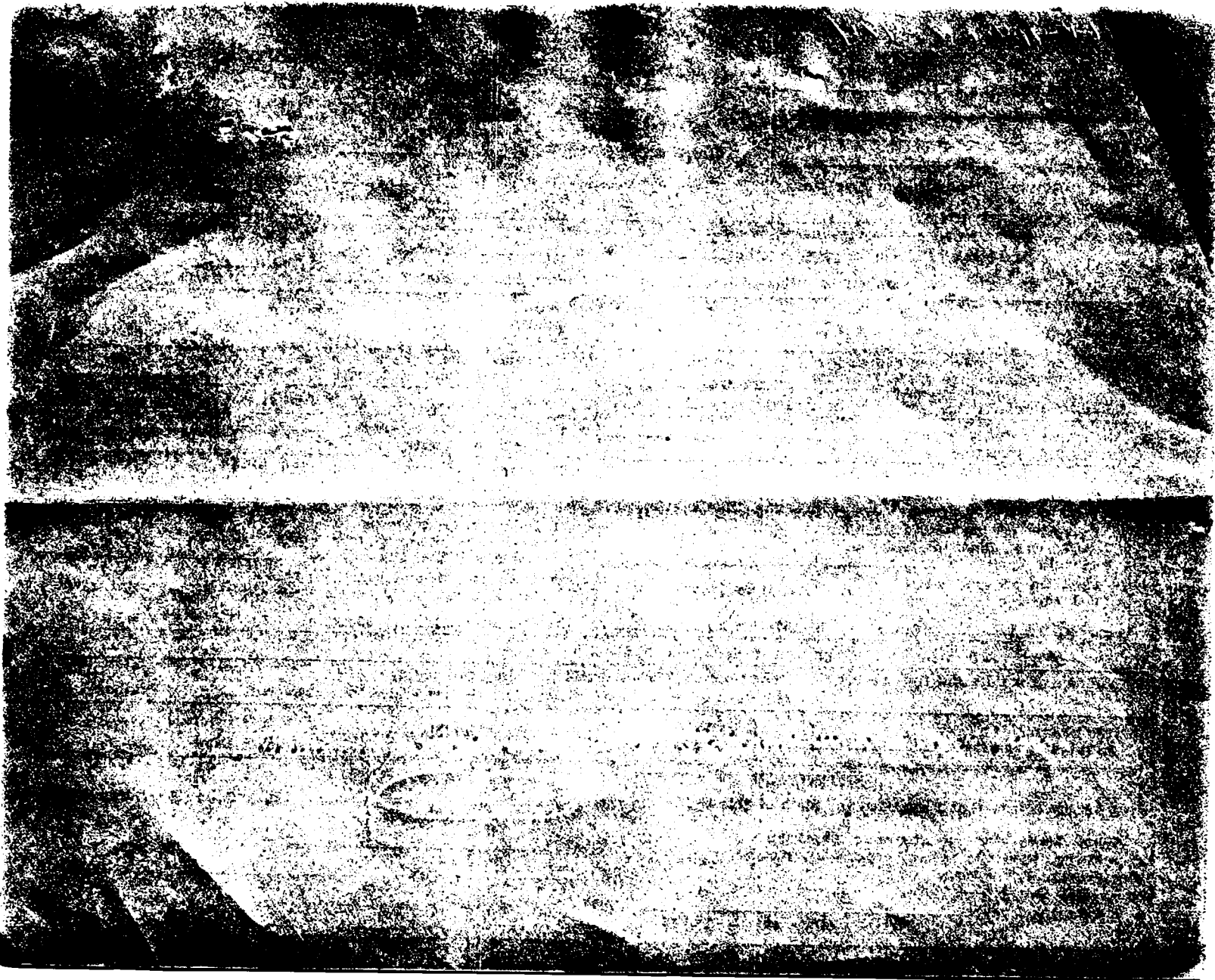
(Signed) R. Sharp, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed 1-10, 1936 R. Sharp

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96407

Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 373

(No. St. Alphonsus Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Maultrie(a) Residence. No. 407 South 10<sup>th</sup> St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single  
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) 12-4-35  
7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho  
(State or country)13. NAME Oroville Maultrie14. BIRTHPLACE (city or town) Boise  
(State or country)15. MAIDEN NAME Bee Lake Maultrie16. BIRTHPLACE (city or town) Idaho  
(State or country)17. INFORMANT Francis Class  
(Address)18. BURIAL, CREMATION OR REMOVAL moving to Hill  
Place Boise, Idaho Date Dec 5, 193519. UNDERTAKER Schreibery McGinn  
(Address) Boise, Idaho20. FILED 12-5, 1935 R. Sharp  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-4 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 193\_\_\_\_: death is said

to have occurred on the date stated above, at 12<sup>10</sup> p. m.

The principal cause of death and related causes of importance were as follows:

Stillborn - prolong labor

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_(Signed) W. A. J. J. J., M. D.(Address) Boise



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

435-230-014-593

1. PLACE OF BIRTH  
County of Canyon  
City of Nampa  
No. St.

JAN 24 1936 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
239652

(If born in hospital or institution give name.)  
Nancy Hospital

Registration District No. 7 State File No. \_\_\_\_\_  
Prim. Registration District No. 2006 Local Registrar's No. 1

2. FULL NAME OF CHILD Emma Jane Pleanon

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 30, 1935</u> (Month, Day, Year)
-------------------------	------------------	----------------------------	------------------------------	-------------------------	---------------------------	---

9. Full name Raymond C. Pleanon  
FATHER  
10. Residence (usual place of abode) Nampa  
(If non-resident, give place and State) Idaho  
11. Color or race W  
12. Age at last birthday 38 (years)  
13. Birthplace (city or place) Plevin  
(State or country) Missouri  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton ranch  
16. Date (month and year) last engaged in this work Still engaged  
17. Total time (years) spent in this work 15 years

OCCUPATION

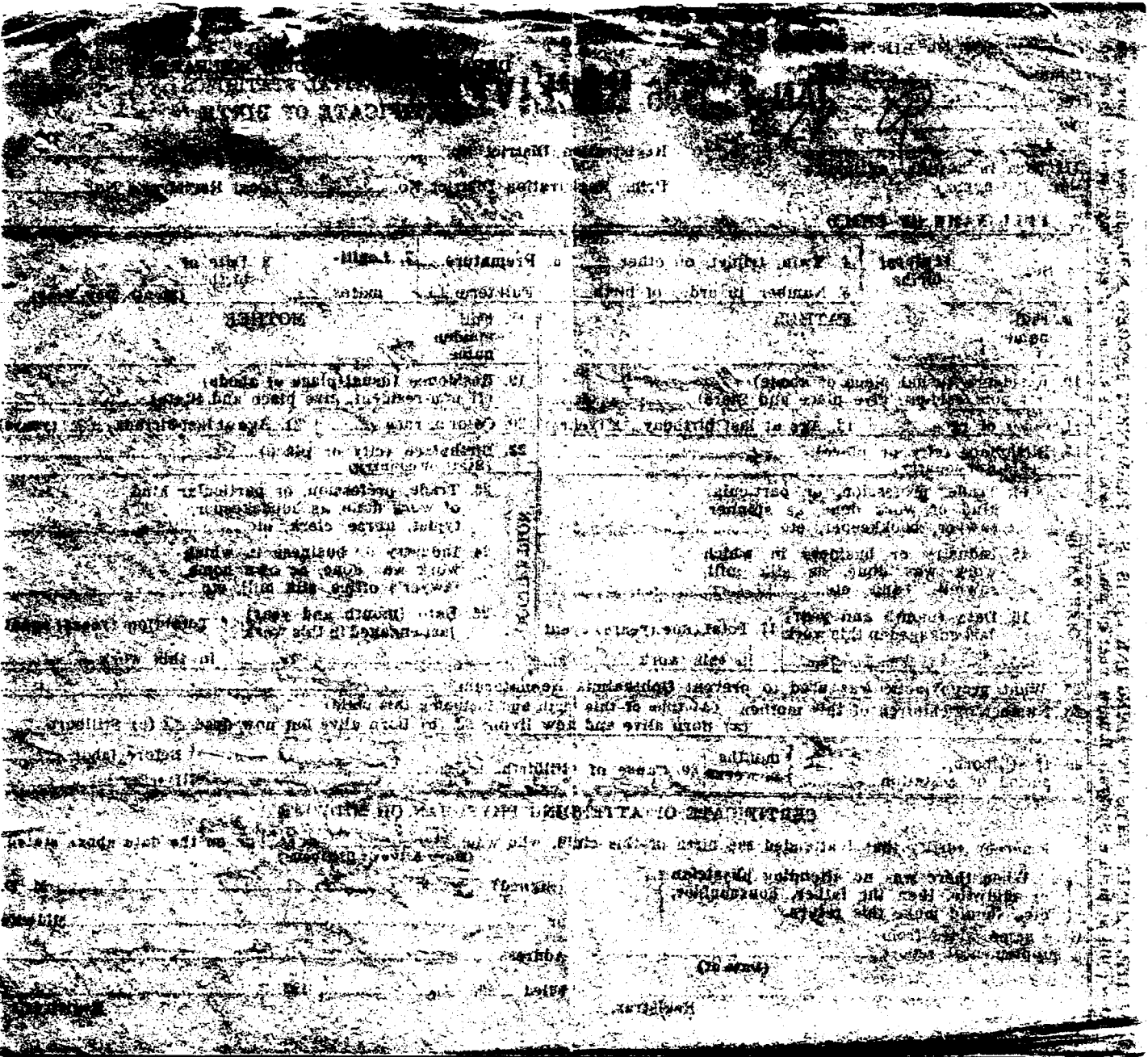
18. Full maiden name Mary Ann Nicholas  
MOTHER  
19. Residence (usual place of abode) Nampa  
(If non-resident, give place and State) Idaho  
20. Color or race W  
21. Age at last birthday 29 (years)  
22. Birthplace (city or place) Nampa  
(State or country) Idaho  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
25. Date (month and year) last engaged in this work Still engaged  
26. Total time (years) spent in this work 6 years

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2  
29. If stillborn, 8th months or weeks  
30. Cause of stillbirth Uterine tumor - stillborn at 7:20 p.m.  
primarily due to placental infarct  
Before labor ✓  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7:20 p.m. on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) Lyda Rodgers M. D.  
or \_\_\_\_\_ Midwife  
Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Address Nampa, Idaho  
Filed Jan 15, 1936 Lyda Rodgers Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# PLACE OF DEATH

County of Canyon  
City of Nampa

## JAN 9 1936 RECEIVED DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96544

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 229

(No. Murphy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Jane Fleener

(a) Residence. No. ....

(Usual place of abode)

St. Caldwell, Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Sept 30 1935

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa  
(State or country) Idaho

13. NAME Raymond E. Fleener

14. BIRTHPLACE (city or town) Persia, Tenn.  
(State or country)

15. MAIDEN NAME Mary Nicholas

16. BIRTHPLACE (city or town) Malden  
(State or country) Idaho

17. INFORMANT Raymond E. Fleener  
(Address) Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place, Canyon Hill Date 10-1-1935

19. UNDERTAKER Paul L. Case  
(Address) Caldwell, Idaho

20. FILED July 8, 1936 L. J. Rodgers  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to 1935

I last saw him alive on 1935 death is said to have occurred on the date stated above, at 7:30 P.m.  
The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury, 1935.

Where did injury occur? .....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lloyd S. H. Jones M. D.  
(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Kootenai  
City of Athol  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Keith Cargo

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature? Yes Legiti- mate? Yes 7. Date of birth 8-29-35 1935 (Month, Day, Year)

9. Full name FATHER Earl Cargo 18. Full maiden name MOTHER Inez Thompson

10. Residence (usual place of abode) (If non-resident, give place and State) Athol 19. Residence (usual place of abode) (If non-resident, give place and State) Athol

11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or country) NORTH DAKOTA 22. Birthplace (city or place) (State or country) SOUTH DAKOTA

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent \_\_\_\_\_ 19. \_\_\_\_\_ in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent \_\_\_\_\_ 19. \_\_\_\_\_ in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

29. If stillborn, period of gestation 8 months or weeks 30. Cause of stillbirth Fall Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2:30 p.m. on the date above stated. (Child born or stillborn)

(Signed) Lee Keisler, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address \_\_\_\_\_  
Filed 9-30- 1935 E. L. Spohn Registrar.



information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH 1935

RECEIVED  
STATE OF IDAHO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

95404

County of Kootenai  
City of Arhol

Registration District No. 30

Primary Registration District No. 1050

Local Registrar's No. 316

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Keith Cargo

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. ....

(If nonresident give city or town and state)

mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-29-1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 01

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arhol  
(State or country) Idaho

13. NAME Earl Cargo

14. BIRTHPLACE (city or town) P. D.  
(State or country)

15. MAIDEN NAME Inez Thompson

16. BIRTHPLACE (city or town) P. D.  
(State or country)

17. INFORMANT Earl R. Cargo  
(Address) Arhol

18. BURIAL, CREMATION OR REMOVAL Placed in Rm. 11, Coeur d'Alene, Idaho  
Place Rm. 11, Coeur d'Alene, Idaho Date 8-31-1935

19. UNDERTAKER Coeur d'Alene Home  
(Address) Coeur d'Alene, Idaho

20. FILED 8-31-1935  
Registrar E. S. Spohn, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29-1935

22. I HEREBY CERTIFY, That I attended deceased from  
....., 193...., to ..... , 193....

I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Still Birth

Other contributory causes of importance:

Premature separation of Placenta

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Earl R. Cargo, M. D.

(Address) Coeur d'Alene, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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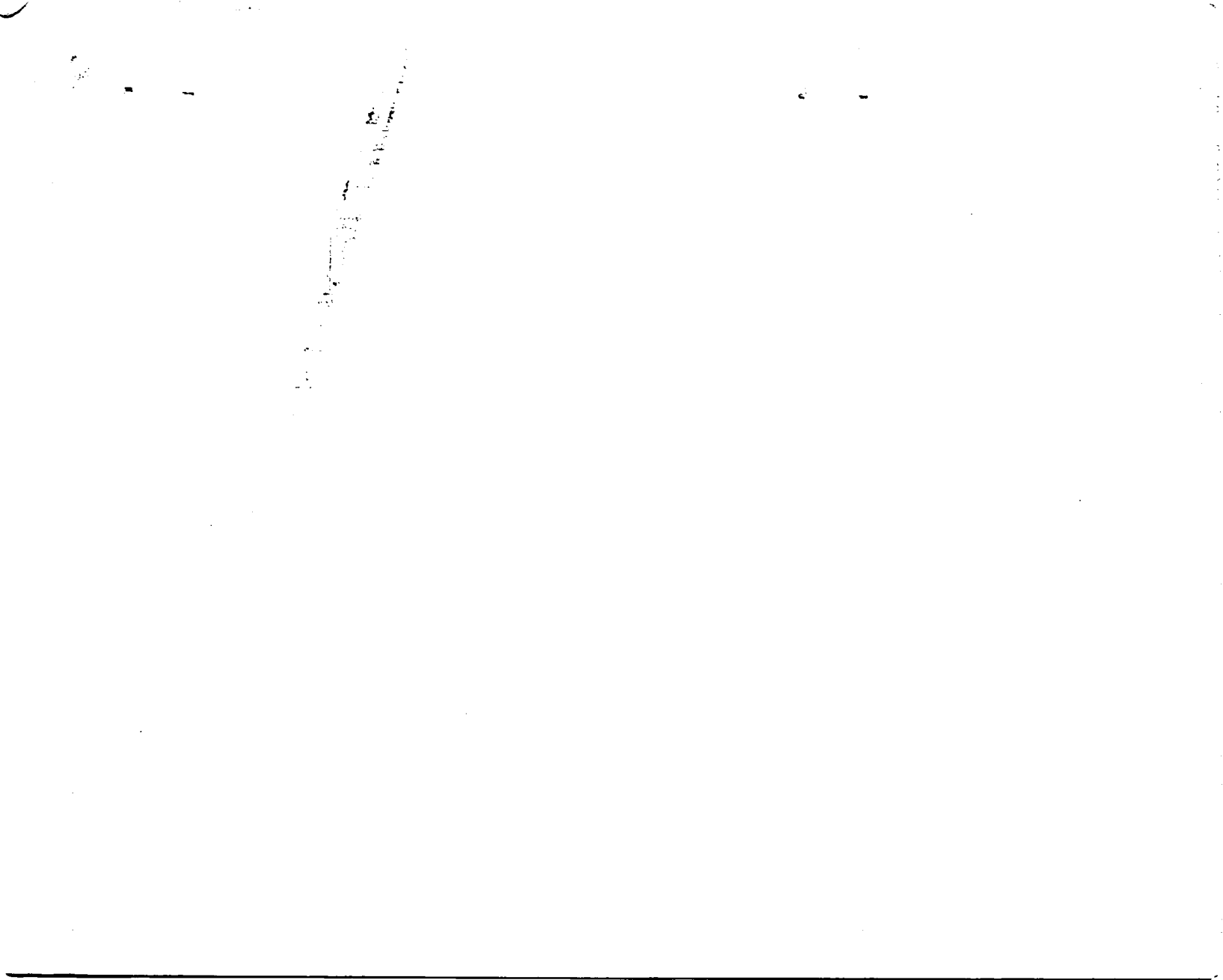
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Minidoka</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Rupert</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH 240732	
(If born in hospital or institution give name.)		Registration District No. <u>19</u> State File No. _____	
2. FULL NAME OF CHILD <u>George Albert Seaman - Stebbins</u>		Prim. Registration District No. <u>2015</u> Local Registrar's No. <u>28</u>	
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Nov 5, 1935</u> (Month, Day, Year)			
9. Full name <u>Richard W. Seaman</u> FATHER		18. Full maiden name <u>Clara Morgan</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rupert</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rupert</u>	
11. Color or race <u>W</u>   12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u>   21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) <u>Bain</u> (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19____		26. Total time (years) spent in this work _____, 19____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ag Nos 1%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7 months</u> { months or weeks			
30. Cause of Stillbirth <u>Unknown</u> { During labor _____ Before labor <u>Before</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5:30 P. m.</u> on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>E. C. Jensen</u> , M. D.			
or _____, Midwife			
Address <u>Rupert</u>			
Filed <u>3/9</u> , 193 <u>6</u> <u>Q. H. Elmore</u>			
Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Manitoba  
City of Reupert

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 19Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

97580

State File No. ....

Local Registrar's No. 16

MAR 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Geo Albert Seaman

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 5 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) .....  
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Reupert (State or country) Idaho13. NAME Richard A Seaman14. BIRTHPLACE (city or town) Reupert (State or country) Idaho15. MAIDEN NAME Clara Morgan16. BIRTHPLACE (city or town) Idaho (State or country) Idaho17. INFORMANT Richard A Seaman (Address) .....18. BURIAL, CREMATION OR REMOVAL Place Reupert Date Nov 6, 193519. UNDERTAKER None (Address) .....20. FILED 3-6-36 E. C. Seaman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 5 1935

22. I HEREBY CERTIFY That I attended deceased from 11-5, 1935, to 11-5, 1935.  
I last saw him alive on 11-5, 1935; death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Stillbirth

Date of onset .....

Other contributory causes of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury, 1935.  
Where did injury occur? .....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....  
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so specify Stillborn

(Signed) E. C. Seaman M. D.  
(Address) Reupert, Idaho

# UNITED STATES-STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

253-127039-913  
1. PLACE OF BIRTH  
County of Power  
City of American Falls  
No. 501 Roselle Ave St.  
Schultz Memorial

MAR 11 1936 RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
240780

Registration District No. 25 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2072 Local Registrar's No. 120

2. FULL NAME OF CHILD Nick Olund Kelley

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>-</u> 5. Number, in order of birth <u>-</u>	6. Premature <u>yes</u> Full term <u>-</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>12-27</u> , 19 <u>35</u> (Month, Day, Year)
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9. Full name FATHER  
Bert C. Kelley

10. Residence (usual place of abode)  
(If non-resident, give place and State) Blackland Idaho

11. Color or race White 12. Age at last birthday 42 (years)

13. Birthplace (city or place)  
(State or Country) Callafork Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name MOTHER  
Lerna Ralph

19. Residence (usual place of abode)  
(If non-resident, give place and State) Blackland Idaho

20. Color or race White 21. Age at last birthday 29 (years)

22. Birthplace (city or place)  
(State or Country) Blackland Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
6 (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 1

29. If stillborn, period of gestation 7 months { months or weeks } 30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at \_\_\_\_\_ m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) V. L. Logan, M. D.  
or \_\_\_\_\_, Midwife  
Address American Falls, Idaho  
Filed March 7, 1936 Gertrude Thornhill  
Registrar.

Registrar.



MAR 11 1936 RECEIVED

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

97625

County of PowerCity of American Falls, Ida.

## CERTIFICATE OF DEATH

State File No. ....

Registration District No. 25Primary Registration District No. 2072 Local Registrar's No. 48(No. Schiltz Memorial Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nick Olind Kelly(a) Residence. No. Rockland, Idaho. St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. (If of foreign birth? yrs. mos. ds.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year)  
December 27 19357. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
StillBorn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) American Falls, Ida. (State or country)13. NAME Bert C. Kelly14. BIRTHPLACE (city or town) Callfork, Utah (State or country)15. MAIDEN NAME Leona Ralph16. BIRTHPLACE (city or town) Rockland, Ida. (State or country)17. INFORMANT Bert C. Kelly (Address) Rockland, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Rockland, Ida. Date ....., 193..19. UNDERTAKER Robert A. Davis (Address) American Falls, Ida.20. FILED Mar. 7, 1936 Beatrice Thornhill Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-27-193522. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to 12-27, 1935...I last saw him alive on 12-27, 1935; death is said to have occurred on the date stated above, at .....m. The principal cause of death and related causes of importance were as follows:Premature

Date of onset

Other contributory causes of importance:

Stillborn

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193..

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. T. Hagan M. D. (Address) American Falls, IdahoMARGIN RESERVED FOR BINDING  
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

799-2041-000-43  
 1. PLACE OF BIRTH  
 County of Bear Lake  
 City of Geneva  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

241065

Registration District No. 52 State File No. \_\_\_\_\_  
 Prim. Registration District No. 2136 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Prue

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legiti-  
 mate? yes 8. Date of birth 11-4, 1935  
 (Month, Day, Year)

9. Full name FATHER Thos. Prue 18. Full maiden name MOTHER Velma Walker

10. Residence (usual place of abode) Geneva 19. Residence (usual place of abode) Geneva  
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 35 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Ida 22. Birthplace (city or place) Ida  
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
 19. \_\_\_\_\_ 19. \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
 (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 8 months or weeks \_\_\_\_\_ 30. Cause of Stillbirth \_\_\_\_\_  
 During labor \_\_\_\_\_ Before labor yes

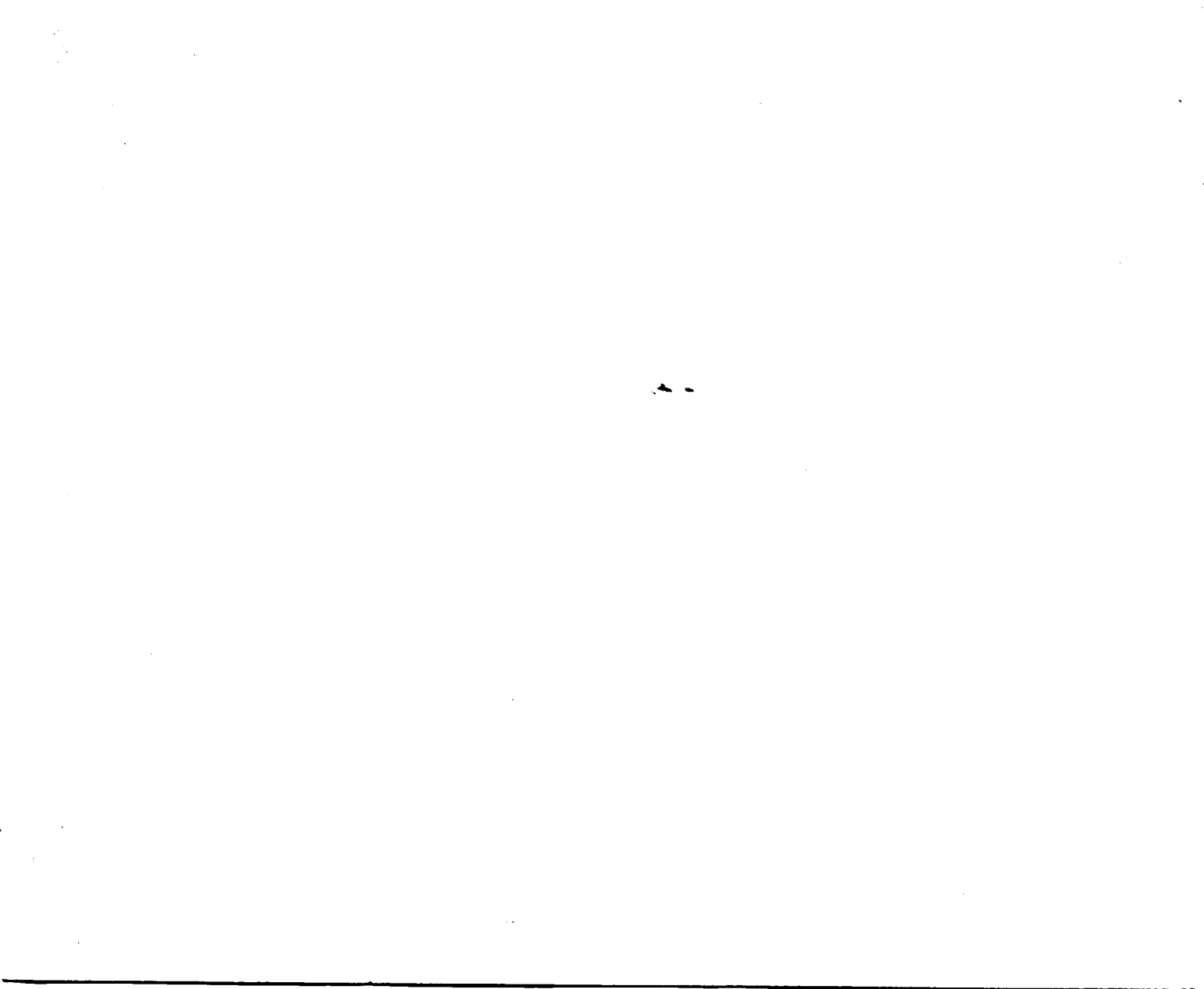
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Prue at 2 P. m. on the date above stated.  
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 (Signed) J. J. Gaertner, M. D.  
 or \_\_\_\_\_ Physician \_\_\_\_\_ Midwife

Give name added from a supplemental report \_\_\_\_\_ Address Montpelier, Idaho

(Date of) \_\_\_\_\_ Filed 12-1-1935, 1935  
 Registrar. \_\_\_\_\_ Registrar.



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

455-116-016-543  
PLACE OF BIRTH

County of Cassia  
City of Burley  
No. \_\_\_\_\_ St. \_\_\_\_\_

Cottage 1454  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

JUL 10 1936 RECEIVED  
CERTIFICATE OF BIRTH 244119

Registration District No. 117 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 131

2. FULL NAME OF CHILD Baby Ray Reno

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate <u>yes</u>	8. Date of birth <u>Nov 16</u> , 193 <u>5</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name of FATHER  
Wm S. Reno  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Payson, Ida  
11. Color or race white 12. Age at last birthday 28 (years)  
13. Birthplace (city or place)  
(State or country) Idaho

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self  
16. Date (month and year) last engaged in this work  
Nov, 1935  
17. Total time (years) spent in this work 10

18. Full maiden name of MOTHER  
Bertha Nutt  
19. Residence (usual place of abode)  
(If non-resident, give place and state) Payson, Ida  
20. Color or race white 21. Age at last birthday 22 (years)  
22. Birthplace (city or place)  
(State or country) Payson, Idaho

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Self  
25. Date (month and year) last engaged in this work  
now, 1935  
26. Total time (years) spent in this work 8

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1  
28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Dr. A. H. Nelson, M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed July 7, 1936 Laura H. Spraker

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(DATE OF)

Registrar.

